MAPP research network	**Participant ID:** __ __ __ __ __ __	**Pin #** __ __ __ __
	Discovery Site: __ __	**Clinical Center** __ __
	CRF Date: __ __/__ __/__ __ __ __	**Visit #:** __ __

Study Stop Point

*__For EPS Pt.s:__ Research Coordinator completes at Twelve-month in-clinic contact or at final contact if Participant withdraws from the study early.
*__For Healthy/Positive Control Pt.s:__ Research Coordinator completes at the conclusion of the Baseline visit.

1. Has the EPS participant successfully completed the 12-month phenotyping visit of the Trans-MAPP Epidemiology Phenotyping Study? ❑1 Yes ❑0 No
   -OR-
   Has the Healthy/Positive Control Participant successfully completed the Baseline visit?

   If **No**, indicate reason for withdrawal:

   a. No longer willing to follow the protocol/interested in participating ❑1 Yes ❑0 No

   b. Lost to follow-up ❑1 Yes ❑0 No

   c. Participant has personal constraints ❑1 Yes ❑0 No

   d. Medical condition/event ❑1 Yes ❑0 No

   e. Physician's Discretion ❑1 Yes ❑0 No

   f. Other ❑1 Yes ❑0 No
      Specify: _____

   Female Participants only:

   g. Female Participant is pregnant ❑1 Yes ❑0 No ❑99 NA

      g1. If **Yes**, date of most recent menstrual period: __ __/__ __/__ __ __ __ (MM/DD/YYYY)

2. Number of Participant's last Contact: ___ ___

3. Date that the participant was last seen: __ __/__ __/__ __ __ __ (MM/DD/YYYY)

MAPP research network	**Participant ID:** __ __ __ __ __ __	**Pin #** __ __ __ __
	Discovery Site: __ __	**Clinical Center** __ __
	CRF Date: __ __/__ __/__ __ __ __	**Visit #:** __ __

Study Stop Point

*__For EPS Pt.s:__ Research Coordinator completes at Twelve-month in-clinic contact or at final contact if Participant withdraws from the study early.
*__For Healthy/Positive Control Pt.s:__ Research Coordinator completes at the conclusion of the Baseline visit.

The following section is for Study Close-out.

(PRINCIPAL INVESTIGATOR AND RESEARCH COORDINATOR COMPLETE WHEN PARTICIPANT STOPS PARTICIPATION IN THE STUDY.)

4. Physician Comments (optional): _____

_____

_____

SIGNATURES: Please complete the following section regardless of the reason for termination of study participation.

I verify that all information collected on the Trans-MAPP Epidemiology Phenotyping Study data collection forms for this participant is correct to the best of my knowledge and was collected in accordance with the procedures outlined in the Trans-MAPP Epidemiology Phenotyping Study Protocol and Manual of Procedures.

_____ Date: ___ ___/___ ___/___ ___ ___ ___

Principal Investigator's Signature (MM/DD/YYYY)

5. Did the PI sign this form? ❑$_1$ Yes ❑$_0$ No

_____ Date: ___ ___/___ ___/___ ___ ___ ___

Research Coordinator's Signature (MM/DD/YYYY)

6. Did the RC sign this form? ❑$_1$ Yes ❑$_0$ No

7. Research Coordinator ID: ___ ___ ___ ___ (4-digit ID)