

Section A: General Study Information for Office Use Only:A1. Study ID#: A2. Date Form Completed: ____ / ____ / ____
Month Day Year

A3. Initials of Person Completing this Form: ____ A4. Patient's Last Study Visit: ____

SECTION B: FINAL STUDY STATUS

- B1. What was the patient's final study status?
- Completed study..... 1 →Skip to B5
- Lost to follow-up..... 2 →Skip to B2
- Withdrew consent..... 3 →Skip to B3
- Administrative decision..... 4 →Skip to B1a
- Death 5 → Skip to B5 & Complete Death Form
- Other..... 6 ↓

B1a. Specify **administrative decision** or **other**: _____ →Skip to B4B2. For patient **lost to follow-up**, date last study data collected: ____ / ____ / ____
Month Day Year

B2a. Document follow-up efforts below:

- i. _____
- ii. _____
- iii. _____

→Skip to B5

B3. For patient who **withdrew consent**, date consent withdrawn: ____ / ____ / ____
Month Day YearB3a. Date last study data collected: ____ / ____ / ____ →Skip to B5
Month Day YearB4. For **administrative decision** or **other**, date last study data collected: ____ / ____ / ____ →Skip to B5
Month Day YearB5. Additional Comments: _____

_____**SECTION C: PRINCIPAL INVESTIGATOR'S SIGNATURE***I have reviewed and agree with the above-stated information.*Principal Investigator's Signature: _____ Date: ____ / ____ / ____
Month Day Year