

Site Number: \_\_\_\_\_ Screening ID: \_\_\_\_\_ - \_\_\_\_ First 3 Letters of First Name: \_\_\_\_\_

**Complete this form to document the end of study participation for each enrolled subject that has not been previously withdrawn. The form should be completed to document either:**

- 1) The completion of the final study close-out visit or**
- 2) The date of last contact for participants who do not attend the final study close-out visit**

**A. END OF STUDY INFORMATION**

1. Did the subject attend the final study close-out visit? Y N

IF YES,

a. Date of study close-out visit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

IF NO,

b. Date of final contact: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

c. Indicate form of contact: (check one):

<sub>1</sub> Telephone     <sub>2</sub> E-mail     <sub>3</sub> In-person     <sub>9</sub> Other

1. IF OTHER, specify: \_\_\_\_\_

**B. PARTICIPANT SUMMARY REPORT**

1. Has the subject's Participant Summary Report been provided? Y N

IF YES,

a. Date report was provided: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

**Initials (first, middle, last) of person completing this form:** \_\_\_\_\_  
F M L

**Date form completed:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

*On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "\*" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*