Participant ID:		Date of Registration:	
Local ID:		Letters:	
Status:			
Site:			

Change of Status

* These fields are required in order to SAVE the form

* These fields are required in order to COMPLETE the form

Date of Visit: * Date

Interviewer User ID: *

A. Status Change Information

1. Date change in status became effective:*

2. Change in status that has occurred:*

- ○ An active participant withdraws (proceed to Section B)
- ○ A participant who was withdrawn decides to be come reactivated in the study (proceed to Section C)

B. Participant Withdrawing from the Study

Date of withdrawal:**

Record the primary reason for withdrawal:**

○ Development of T1D	○ Adverse event	○ Death
○ Pregnancy	○ Withdrew consent	○ Lost to follow-up
○ Randomized in error	○ Maximum follow-up reached	○ Other

Is the subject still willing to be contacted?* ○ Yes ○ No

C. Reactivation of Previously Withdrawn Participant

Date of reactivation:*

If changing to INACTIVE status due to pregnancy, complete the following questions.

3. Is the participant willing to continue participation after completion of pregnancy? ○ Yes ○ No

a. If YES, what is the estimated date of completion of pregnancy?