

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

OT07 - Change in Study Drug

** 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: *

B. CHANGE IN STUDY DRUG

1. Change in study status:	<input type="radio"/> Discontinuing <input type="radio"/> Re-starting
2. Date change in study drug status effective:	<input type="text"/> <input type="button" value="▼"/> <input type="text"/>
3. Reason the study drug was stopped:	<input type="radio"/> Self-discontinued by participant <input type="radio"/> Development of T1D <input type="radio"/> Adverse Event <input type="radio"/> Pregnancy <input type="radio"/> Study discontinuation <input type="radio"/> Other a. If OTHER, specify: <input type="text"/>
4. Was the participant informed of his/her treatment group assignment?	<input type="radio"/> Yes <input type="radio"/> No
5. Did the participant return the remaining study drug?	<input type="radio"/> Yes <input type="radio"/> No
6. Is there a change in study status at this time?	<input type="radio"/> Yes <input type="radio"/> No