F580: Final Status, version 09/08/08 (A)

UITN ValUE

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

A1. Study ID#: LABEL

A2. Date Form Completed: ___ ___ / ___ ___ / ___ ___ ___ ___
Month Dav Year

A3. Study Staff Initials: ____ ____ ____

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 B4**

B2. 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 For patient who **withdrew consent**, date consent withdrawn: ___ ___ / ___ ___ / ___ ___ ___ ___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 Year

B3a. Date last study data collected: ___ ___ / ___ ___ / ___ ___ ___ ___ ➔**SKIP TO B5**
Month Day Year

B4. For **administrative decision** or **other**, date last study data collected: ___ ___ / ___ ___ / ___ ___ ___ ___ ➔**SKIP TO B5**
Month Day Year

B5. Additional Comments: _____

_____

_____ ➔**IF A4=VBAS OR B1=1, SKIP TO SECTION C**

B6. <u>For randomized patients</u>, did the patient receive any <u>new or continuing treatment</u> for **voiding dysfunction**, **urge incontinence** or **stress incontinence** since the last study visit for which data was collected?

Yes	1	➔**COMPLETE F581**
No	2	

SECTION C: PRINCIPAL INVESTIGATOR'S SIGNATURE

I have reviewed and agree with the above-stated information.

Principal Investigator's Signature: _____ Date: ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year