

TREATMENT OR STUDY DISCONTINUATION

Date ____ / ____ / ____
mm dd yy

Instructions: This form is to be completed when the patient prematurely discontinues study medications, study participation, or both.

1. Time period: 1 Treatment 2 Follow-up
2. Is this a discontinuation in study medication, study participation, or both?
- 1 Study medication 2 Study participation 3 Both

IF BOTH, COMPLETE STUDY MEDICATION SECTION AND STUDY PARTICIPATION SECTION

Study medication	Study participation
<p>Reason for discontinuing study medications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 Patient intolerance of study medications <input type="checkbox"/> 2 Patient preference <input type="checkbox"/> 3 Patient not compliant with study protocol (excluding pregnancy) <input type="checkbox"/> 4 Patient pregnant or patient's partner pregnant <input type="checkbox"/> 5 Serious adverse event <input type="checkbox"/> 6 Other: _____ <p style="text-align: right; margin-right: 50px;">Date Military time</p> <p>Last dose of ribavirin ____ / ____ / ____ ____ : ____ mm dd yy hr min</p> <p>Last dose of interferon ____ / ____ / ____ ____ : ____ mm dd yy hr min</p>	<p>Reason for discontinuation in study participation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 Patient withdrew consent <input type="checkbox"/> 2 Patient lost to follow-up <input type="checkbox"/> 3 Patient on alternate therapy for treatment of hepatitis C <input type="checkbox"/> 4 Patient refuses to continue participation in study <p>Date of last contact ____ / ____ / ____ mm dd yy</p>

COMPLETION LOG		
Data Collector ID _____	Initials _____	
Data Collection ____ - ____ - ____	Date Entered ____ - ____ - ____	Date Verified ____ - ____ - ____
MM DD YY	MM DD YY	MM DD YY