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| **Form name** | **STUDY DISCONTINUATION** |

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| **Section name: Study discontinuation** |
| Did the patient withdrew from thestudy? | ⃝ Yes ⃝ No |
| What was the date of Completion /Discontinuation? | |\_\_|\_\_|-|\_\_|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| D D - M M M - Y Y Y Y |
| If Yes, please specify the reasonwhy | ⃝ Completed⃝ Screening faillure (specify below) ⃝ Lost to follow-up⃝ Subject/guardian decision (specify below)⃝ Physician decision (specify below)⃝ Adverse event; AE ID: |\_\_|\_\_|⃝ Protocol deviation (specify below) ⃝ Withdrawal of Informed Consent(s)

|  |  |
| --- | --- |
| Date of Withdrew Consent | Reason of Withdrew Consent |
| |\_|\_|/|\_|\_|\_|/|\_|\_|\_|\_| D D / MMM / Y Y Y Y | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

⃝ Death

|  |  |
| --- | --- |
| Date of Death | Primary reason for death |
| |\_|\_|/|\_|\_|\_|/|\_|\_|\_|\_| D D / MMM / Y Y Y Y | |\_| Study indication|\_| Other,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

⃝ Other (specify below)Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What was subject’s last visit? | V1 – V2 – V3 – V4 – V5 –  |