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

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| **Section name: Study discontinuation** | |
| Did the patient withdrew from the  study? | ⃝ Yes ⃝ No |
| What was the date of Completion /  Discontinuation? | |\_\_|\_\_|-|\_\_|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_|  D D - M M M - Y Y Y Y |
| If Yes, please specify the reason  why | ⃝ Completed  ⃝ Screening faillure (specify below)  ⃝ Lost to follow-up  ⃝ 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 – |