**Date of final study visit / phone:** \_\_\_ / \_\_\_ / \_\_\_\_

**Date of last known study intervention:** \_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Primary reason for terminating participation in the study:**

Completed study

Participant was determined after enrollment to be ineligible (Provide Comments)

Participant withdrew consent

In the Investigator’s opinion it was not in the participant’s best interest to continue. (Provide Comments)

Adverse Event

If checked, complete the AE form

Death

Lost to follow-up

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unknown

**COMMENTS:**

|  |
| --- |
|  |

**Recorder’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_