# Study Completion

**STUDY NAME**

**Site Number:**

**Pt\_ID:**

**Visit Date:**

/ /    .

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1. Date of final study visit: / / .

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1. Date of last known study intervention: / / .

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1. Primary reason for terminating participation in the study:

Checkbox. Completed study

* Participant was determined after enrollment to be ineligible (provide comments):  
  + Will data be included in analysis and final report? YES Checkbox. NO Checkbox.

Checkbox. Participant withdrew consent

Checkbox. In the principal investigator’s (PI’s) opinion, it was not in the participant’s best interest to continue (provide comments):

Checkbox. Adverse event (If checked, complete the adverse event form.)

Checkbox. Death

Checkbox. Lost to followup

Checkbox. Other (specify):

Checkbox. Unknown

Comments:

PI Signature: Date: