**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_