

END OF STUDY FORM

Date end of study participation:

- -

Day

Month

Year

Reason for end of study participation:

- Completion of study
- Inability to obtain follow-up
- Withdrawal from study (by patient or representative)
- Adverse event(s)
- Decision for DNR*: Date:

- -

Day

Month

Year

Time:

:

Hour

Minute

(use 24hr clock)

- Withdrawal of support: Date:

- -

Day

Month

Year

Time:

:

Hour

Minute

(use 24hr clock)

- Death

Other: _____

*DNR = do not resuscitate

Have all forms pertaining to the study been completed?

- No Yes

If no, please state primary reason:

- Consent withdrawn
- Violation study conduct _____
- Other _____

Investigational treatment

Did the patient complete the full investigational treatment?

- No Yes

If no, please state primary reason:

- Death
- Withdrawal from study (by patient or representative)
- Problems with treatment delivery (e.g. infusion problems, no medication available)
- Adverse event(s)
- Withdrawal of active treatment

Was random code broken at the site during the treatment period?

- No Yes N/A

If yes, specify date:

- -

Day

Month

Year

Comments: _____

