# 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:

 Completed study

 Participant was determined after enrollment to be ineligible (provide comments):

 Participant withdrew consent

 In the principal 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 followup

 Other (specify):

 Unknown

Comments:

PI Signature: Date: