

Participant initials:

Participant ID:



End of Trial Form and Sign-off Statement

END OF TRIAL

Has the participant completed the trial?

(All visits including the final follow up visit at day 90?)

Yes

No

Participant Status: If No, check the primary reason for Discontinuation (tick one box):

Lost to Follow Up

Withdrawal of Consent *Please complete withdrawal form*

Death

Please complete notification of death form and / or SAE report form as appropriate

Trial terminated by sponsor

Other

If other, please specify _____

Sign-off Statement

I confirm that I have made every reasonable effort to ensure that ALL of the data in this Case Record Form is a true, accurate and complete report. All log pages have been reviewed for completeness ensuring all records have end dates or are marked as ongoing.

Principal Investigator's Signature: _____

Date / / 2 0

DD/MMM/YYYY