**3.9a End of treatment**

|  |  |
| --- | --- |
| Did the participant complete the full course of study treatment? | O Yes  O No |
| Reason for treatment discontinuation | o Adverse Event  o Hospitalization  o Death  o Clinical reasons believed to be life-threatening by the physician  o Non-compliance with Study Therapy  o Requirement for prohibited concomitant medications or other contraindication to study product  o Pregnancy  o Lost to Follow Up  o Protocol Deviation  o Study Terminated by Sponsor  o Request by participant to terminate study treatment  o Other (specify) |
| Date of last study treatment | DD- MMM- YYYY |

**3.9b End of Study**

|  |  |
| --- | --- |
| Did the participant complete the study? | O Yes  O No |
| Reason for treatment discontinuation | o Adverse Event  o Death (please complete Death Form)  o Investigators discretion  o Lost to follow-up  o Sponsor termination of the study  o Participant's decision to withdraw  o At the request of the primary care provider if he/she thinks the study is no longer in the best interest of the participant  o At the discretion of the Institutional Review Board/Ethics Committee or government agencies as part of their duties, Investigator, or industry supporter  o Other (specify) |
| Date withdrawn | DD- MMM- YYYY |
| Date of last contact | DD- MMM- YYYY |