**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 Evento Hospitalizationo Deatho Clinical reasons believed to be life-threatening by the physiciano Non-compliance with Study Therapyo Requirement for prohibited concomitant medications or other contraindication to study producto Pregnancyo Lost to Follow Upo Protocol Deviationo Study Terminated by Sponsoro Request by participant to terminate study treatmento 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 Evento Death (please complete Death Form)o Investigators discretiono Lost to follow-upo Sponsor termination of the studyo Participant's decision to withdrawo At the request of the primary care provider if he/she thinks the study is no longer in the best interest of the participanto At the discretion of the Institutional Review Board/Ethics Committee or government agencies as part of their duties, Investigator, or industry supportero Other (specify) |
| Date withdrawn | DD- MMM- YYYY |
| Date of last contact | DD- MMM- YYYY |