

INSTRUCTIONS: This form should be completed when an enrolled subject permanently withdraws from the Extension Study.

Section A: KEY IDENTIFYING INFORMATION

- A1. Study Identification Number _____ - _____ - _____ - _____
- A2. Acrostic Identifier _____
- A3. Study Visit Extension Eligibility Event 55
- A4. Date of Form Completion
 _____ / _____ / _____
- M M / D D / Y Y Y Y
- A5. Name of person completing form _____
- PRINT FULL NAME INITIALS

Section B: WITHDRAWAL FROM EXTENSION

- B1. Date of study withdrawal
 _____ / _____ / _____
- M M / D D / Y Y Y Y
- B2. Last visit at which subject completed any study measures?
- STUDY VISIT 5 (2 YEARS) 5
- STUDY VISIT 6 (3 YEARS) 6
- STUDY VISIT 7 (4 YEARS) 7
- STUDY VISIT 8 (5 YEARS) 8
- STUDY VISIT 9 (6 YEARS) 9
- STUDY VISIT 10 (7 YEARS) 10
- STUDY VISIT 11 (8 YEARS) 11
- STUDY VISIT 12 (9 YEARS) 12
- STUDY VISIT 13 (10 YEARS) 13
- STUDY VISIT 14 (11 YEARS) 14
- B3. Date subject last seen for study
 _____ / _____ / _____
- M M / D D / Y Y Y Y

- B4. Primary indication for withdrawal from study
 - FAMILY WITHDREW SUBJECT1
 - PHYSICIAN WITHDREW SUBJECT ...2
 - SUBJECT LOST TO FOLLOW-UP3
 - SUBJECT DEATH4
 - OTHER99

a. OTHER, specify: _____

- B5. Was permission given for the subject to be followed through Visit 9 for the primary outcome?
 - YES1
 - NO2

B6. Comments (optional) _____

END OF FORM