

FORM 10: STUDY TERMINATION FORM

PATIENT ID#: _____

PATIENT INITIALS: _____

Center: _____

Form completed by: _____

Date of assessment: ____/____/____

1. Date of last clinic visit: ____/____/____

2. Date of study termination: ____/____/____

3. Did subject complete study? ☐ Yes ☐ No (If NO, please complete Q#4 below)

4. Reason for Early Termination (Check primary reason only)

- ☐ 01 Toxicity or side effects related to study medication (Complete **Adverse Event Form**)
specify: _____
- ☐ 02 Medical reason unrelated to study medication which prevents study participation,
specify: _____
- ☐ 03 Termination by clinic physician because of intercurrent illness or medical complication which prevents safe administration of
study medication, specify: _____
- ☐ 04 Administrative Discharge, specify: _____
- ☐ 05 Failed to return to clinic
- ☐ 06 Subject's request, specify: _____
- ☐ 07 Moved from area
- ☐ 08 Incarceration
- ☐ 09 Pregnancy
- ☐ 10 Subject became ineligible, specify: _____
- ☐ 11 Death
specify: _____
- ☐ 12 Other, specify: _____

5. Study Drug Administration

A. Record the date of first dose of study drug: ____/____/____

B. Record the date of last dose of study drug: ____/____/____

INVESTIGATOR'S SIGNATURE: _____ Date signed: ____/____/____