

<b>A-STAR: End of Study</b>	
<b>Patient Study ID:</b>	<b>Initials:</b>

<b>End of Study</b>	
<b>Date end of study recorded</b> (withdrawal from active participation AND linkage of data)	(DD-MMM-YYYY)

<b>Withdrawn consent</b>	
Has the patient / guardian withdrawn main study consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify type: <input type="checkbox"/> Withdrawal from patient questionnaires but continues in the study. Date of withdrawal 1:                             <input type="checkbox"/> Withdrawal from active participation but consented to review of medical records and data linkage. Date of withdrawal 2:                             <input type="checkbox"/> Withdrawal from active participation and data linkage. Date of withdrawal 3:                             <input type="checkbox"/> Withdrawal from active participation, data linkage and exclusion of data from analyses. Date of withdrawal 4:

<b>Death</b>	
Is the patient dead?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, remember to complete SAE form)</i> Date of death:

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	<b>Diagnosis in the death certificate:</b> _____ _____
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<b>Loss to follow-up</b>	
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<b>Is the patient lost to follow up?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, date of last patient contact:</b> 
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<b>Data censored</b>	
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<b>Has the data been censored</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, what is the reason:</b> <input type="checkbox"/> Patient participating in clinical trial <input type="checkbox"/> Other: _____  <b>Date when data censored:</b> 
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<b>Details of team member completing this CRF</b>	
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<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	