**1. Date of Study Exit:** \_\_\_\_ \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*(Final contact)* *mmm dd yyyy*

**2. Reason Patient Exited the Study:** *(check one)*

Completed All Required Procedures

Withdrew Consent

Death

Other (S*pecify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |
| --- | --- | --- | --- |
| My signature indicates that to the best of my knowledge all information entered on Form 5 is correct. | | | Date |
|  |  |  | |
|  |  | **\_\_ \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_** | |
| *Investigator’s Signature* |  | mmm dd yyyy | |