

Name :  
Doctor :  
Department :

Age / Sex :     /  
MR No:  
Date of Visit:

## Stem Cell - Parkinson - End of Treatment

### SUBJECT SUMMARY:

Subject completed study:  Date:

Subject was withdrawn:

- ☐ During post therapy follow-up period
- ☐ During active/double-blind treatment
- ☐ At screen (no medication taken)

If withdrawn, indicate one primary "Reason for Withdrawal" below:

### REASON FOR WITHDRAWAL:

- ☐ Adverse event(s)
- ☐ Laboratory abnormalities
- ☐ Subject died

Date of death:  Cause:

- ☐ Protocol violation

Specify

- ☐ Lost to follow up (subject could not be contacted by phone or other means)
- ☐ Did not meet entrance criteria

Specify

- ☐ Withdrew consent
- ☐ Other

Specify:

INVESTIGATOR

(NAME AND SIGNATURE).