Hessenkohorte 2040

End of Study

Has the patient completed the study? ☐ yes ☐ no

If „no": primary reason for patient withdrawal":

☐ Adverse Event, specify_____

☐ Patient withdrew consent

☐ Protocol violation, specify_____

☐ Lost to follow-up

☐ Other, specify _____

Date of Baseline Visit: (DD/MM/YYYY)   ___ / ___ / _____

Date of Completion/ Withdrawal   (DD/MM/YYYY) ___ / ___ / _____

Number of completed visits: _____

Date:_____

Signature P.I.:_____

Signature Study Coordinator:_____