erstellt von: Evelyn Mahla am 05.09.22
geprüft von: Silvia Jung am 06.09.22
freigegeben von: am
Version 1.1 vom 29.06.2023

Hessenkohorte 2040

End of Study

Patient code:

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: ___/___/_____

Date of Completion/ Withdrawal ___/___/_____

Number of completed visits: _____

Date:_____

Signature P.I.:_____

Signature Study Coordinator:_____