

**Pilot Study 3 of Outpatient Control-to-Range: Safety and Efficacy with Day-and-Night In-Home Use
Final Status Form**

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tblFinalStatus

Identifying Information

PtID

1. Patient ID: CTR3-____ - ____

2. Initials: ____

This form is completed for any subject for whom an ID number is obtained.

Disposition of Subject

Investigator: ____ - ____ - ____

CTR3FinStatus

Select one of the following to indicate the disposition of the subject in the Main Study Phase:

- ☐ **Study Completion**
- ☐ **Unsuccessful Run-In/Training phase due to:** (choose all that apply)
[DROPDOWN]
 - Unable to collect required number of days of use
 - Other- Please include detailed reasons below
- ☐ **Site withdrew** (Please include detailed reasons below)
- ☐ **Subject withdrew** (Please include detailed reasons below)
- ☐ **Loss to follow-up**
- ☐ **Death** (Please enter Date of Death below)

Reason for Not Completing the Main Study Phase:

CTR3FinStatusExtended

Select one of the following to indicate the disposition of the subject in the Extended In-Home Use Phase:

- ☐ **N/A, subject did not participate**
- ☐ **Study Completion**
- ☐ **Site withdrew** (Please include detailed reasons below)
- ☐ **Subject withdrew** (Please include detailed reasons below)
- ☐ **Loss to follow-up**
- ☐ **Death** (Please enter Date of Death below)

Reason for Not Completing the Extended In-Home Use Phase:

DeathDt

Date of Death ____ / ____ / ____ dd/mm/yy