

End of study

Record ID	<div></div>
What is the reason for the end of study?	<div><div><input type="radio"/> Completed follow up</div><div><input type="radio"/> Lost to follow up</div><div><input type="radio"/> Death</div><div><input type="radio"/> Discharge and no consent for follow up</div><div><input type="radio"/> Withdrawn consent for in-hospital data collection and no consent for follow up</div><div><input type="radio"/> Withdrawn consent for in-hospital data collection and follow-up</div><div><input type="radio"/> Withdrawn consent for follow-up</div></div>
Date and time of end of study	<div></div>