## **Subject Disposition and Study Drug Completion**

## IT.DSSDAT

Date subject completed/discontinued from study period (MM-DD-YYYY)	DSSTDTC
Indicate if subject completed this period, please provide reason for discontinuation	<ul> <li>Completed</li> <li>Adverse Event</li> <li>Pregnant Subject</li> </ul> DSDECOD
IT.DSDECOD	<ul> <li>Death</li> <li>Lack of Efficacy</li> <li>Lost to follow-up</li> <li>Protocol Deviation</li> </ul>
If OTHERSP is null, then IT.DSTERM	<ul> <li>Non-compliance with study drug</li> <li>Withdrawal by subject</li> <li>Study terminated by sponsor</li> <li>Physician Decision</li> </ul>
	<ul><li>Progressive Disease</li><li>Disease Relapse</li><li>Other, specify:</li></ul>
Date of decision to IT.DSSDAT discontinue the study drug treatment (MM-DD-YYYY)	DSSTDTC
Reason for completion/discontinuation	<ul><li>Completed</li><li>Adverse Event</li></ul>
IT.DSDECOD	<ul> <li>Pregnant Subject</li> <li>Death</li> <li>Lack of Efficacy</li> </ul>
If OTHERSP is null, then IT.DSTERM	<ul> <li>Lost to follow-up</li> <li>Protocol Deviation</li> <li>if OTHERSP is null, ther</li> <li>DSTERM</li> </ul>
	<ul> <li>Non-compliance with study drug</li> <li>Non-compliance with study Schedule</li> <li>Withdrawal by subject</li> </ul>
	<ul><li>Study terminated by sponsor</li><li>Physician Decision</li></ul>
	<ul><li>Progressive Disease</li><li>Disease Relapse</li><li>Recovery</li></ul>

	<ul> <li>Approved drug available for indication</li> </ul>
	<ul> <li>Relocation</li> </ul>
	<ul><li>Other, specify:</li></ul>
Date and time of the collection (MM-DD-YYYY H:M)	DSDTCOL DSTMCOL : DSDTC
Subject's Death Date (MM-DD-YYYY)	DTHDTC