

Affix Patient I.D. Here

COMPLETE THIS FORM IF THE PATIENT IS LOST TO FOLLOWUP OR WILL NO LONGER CONTINUE PARTICIPATION IN THE STUDY

1 Date of last CAST contact DATE25  
    \_\_\_/\_\_\_/\_\_\_  
    mo dy yr

REASON FOR PATIENT WITHDRAWAL

- 2
- 1 Patient is lost to followup
  - 2 Patient has moved away
  - 3 Patient refuses to continue
  - 4 Physician refuses to continue patient in study
  - 5 Other
- REASON25

specify: \_\_\_\_\_

CIRCUMSTANCES

3  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of person filling out form

\_\_\_\_\_  
Code Number