Asthma Clinical Research Network
CIMA
NIH/NHLBI

# TERMINATION OF STUDY PARTICIPATION

Subject ID: 2 ___ ___ ___ ___
Subject Initials: ___ ___ ___
Last Visit Number: ___
Current Date: ___ ___ /_____ /___ ___ (month / day / year)
Interviewer ID: ___ ___ ___ ___ ___

*(Clinic Coordinator completed)*

***Please indicate the reason(s) for termination of study participation.***

**TERM_01** ***1. (Visit 6 Only)***

Did the subject have a positive pregnancy test? ❑1 Yes ❑0 No ❑9 N/A

**TERM_02** ***2. (Visit 6 Only)***

Has the subject completed the study? ❑1 Yes ❑0 No

***If Yes, skip to the SIGNATURES section.***

**TERM_03** 3. Has the subject withdrawn consent? ❑1 Yes ❑0 No

**TERM_03a** If ***Yes***, indicate the **primary** reason.

- ❑1 no longer interested in participating
- ❑2 no longer willing to follow protocol
- ❑3 access to clinic is difficult (location, transportation, parking)
- ❑4 unable to make visits during clinic hours
- ❑5 unable to continue on study due to personal constraints
- ❑6 dissatisfied with lack of asthma control
- ❑7 unable to continue due to medical condition unrelated to asthma
- ❑8 treatment failure
- ❑9 other _____

**TERM_04** 4. Is the subject no longer participating in the study due to pregnancy? ❑1 Yes ❑0 No

## SIGNATURES

***Please complete the following section regardless of the reason for termination of study participation.***

I verify that all information collected on the ACRN CIMA data collection forms for this subject is correct to the best of my knowledge and was collected in accordance with the procedures outlined in the ACRN CIMA Protocol and Manual of Operations.

**TERM_S1**
_____ Clinic Coordinator Signature
**TERM_DT1** ___ ___ /___ ___ /___ ___ (month / day / year)

**TERM_S2**
_____ Principal Investigator Signature
**TERM_DT2** ___ ___ /___ ___ /___ ___ (month / day / year)