

Completion log

Date Received / /
Date Entry / /
ST Sysid
Verification / /
Cleaned / /
Transfer / /

1D { WISE ID: _____
Name code: _____

WISE
STUDY TERMINATION

Reason for termination *STREA*

1. () Event after entry

but before testing-->
STEV

Date of event / / *STEV D*
mm dd yy
What event?
1 () Myocardial infarction
2 () PTCA and/or other percutaneous procedure
3 () CABG
4 () Other--> Specify: *STEVS*

2. () Refused testing-->

or found ineligible
for testing subsequent
to entry

Test refused/ineligible: *STREF*
Reason: *STRFR*

3. () Died-->

Date of death / / *STDED*
mm dd yy

Attach narrative of circumstances surrounding death, including best estimate of cause of death.

4. () Lost-->

Documentation of efforts to contact patient:
 STLOS

5. () Withdrew consent

Date of form completion: / / *STDAT*
mm dd yy

PI Signature _____