End of Study Case Report Form

A. Study Completion

1. Date of study termination: D D M M M Y Y Y Y

2. Reason for study termination:

- ☐ Routine study termination, study protocol completed
- ☐ Early study termination, due to:
  - ☐ Death*
  - ☐ Withdrawal of subject's consent**:
    - ☐ Subject allows data collection to continue
    - ☐ Subject refuses further data collection
  - ☐ Other, please specify:_____

***If selected, please complete Death Outcome Event form and SAE form**

****Reason(s) subject has withdrawn consent:**

B. Suspected Secondary Outcome Events

1. Did the subject have one or more of the outcome events listed below (check all that apply)*:

☐ **None**	☐ Symptomatic venous thromboembolism	☐ Bleeding
☐ Death*	☐ Symptomatic arterial thromboembolism	☐ Postpartum pre-eclampsia

***If yes, please ensure corresponding Outcome Event and SAE form(s) are completed.**

Delegate's Name:
Signature:
I have reviewed all entries on the Case Report Forms. All information entered onto the Case Report Form for this subject is, to the best of my knowledge, correct.
Investigator's Name:
Signature:
Date: D D M M M Y Y Y Y