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End of Study Case Report Form

A. Study Completion										
1. Date of study termination:	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y		
2. Reason for study termination: <div> <input type="checkbox"/> Routine study termination, study protocol completed <input type="checkbox"/> Early study termination, due to: <div> <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Death* <input type="checkbox"/> Withdrawal of subject's consent**: <div> <input type="checkbox"/> Subject allows data collection to continue <input type="checkbox"/> Subject refuses further data collection <input type="checkbox"/> Other, please specify: _____ </div> </div> </div> <p>*If selected, please complete Death Outcome Form and SAE form</p> <p>**Reason(s) subject has withdrawn consent:</p>										
B. Suspected Secondary Outcome Events										
1. Did the subject have one or more suspected outcome events listed below that will undergo adjudication? (check all that apply)*: <div> <input type="checkbox"/> None <input type="checkbox"/> Symptomatic venous thromboembolism <input type="checkbox"/> Bleeding/Hematoma <input type="checkbox"/> Death* <input type="checkbox"/> Symptomatic arterial thromboembolism <input type="checkbox"/> Postpartum pre-eclampsia </div> <p>*If yes, please ensure corresponding Outcome Event and SAE form(s) are completed.</p>										
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:	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y		