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## End of Study Case Report Form

| A. Study Completion                     |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| <b>1. Date of study termination:</b>    | <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 15%;">D</td> <td style="width: 15%;">D</td> <td style="width: 15%;">M</td> <td style="width: 15%;">M</td> <td style="width: 15%;">M</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">Y</td> </tr> </table>   | D | D | M | M | M | Y | Y | Y | Y |
| D                                       | D   | M | M | M | Y | Y | Y | Y |   |   |
| <b>2. Reason for study termination:</b> | <p><input type="checkbox"/> Routine study termination, study protocol completed</p> <p><input type="checkbox"/> Early study termination, due to:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Lost to follow up</p> <p style="margin-left: 20px;"><input type="checkbox"/> Death*</p> <p style="margin-left: 20px;"><input type="checkbox"/> Withdrawal of subject's consent**:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Subject allows data collection to continue</p> <p style="margin-left: 40px;"><input type="checkbox"/> Subject refuses further data collection</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other, please specify: _____</p> <p><b>*If selected, please complete Death Outcome Form and SAE form</b></p> <p><b>**Reason(s) subject has withdrawn consent:</b></p> |   |   |   |   |   |   |   |   |   |

| B. Suspected Secondary Outcome Events   |   |   |  |                                 |   |   |
|---|---|---|--|---------------------------------|---|---|
| <p><b>1. Did the subject have one or more suspected outcome events listed below that will undergo adjudication? (check all that apply)*:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> None</td> <td style="width: 25%;"><input type="checkbox"/> Symptomatic venous thromboembolism</td> <td style="width: 25%;"><input type="checkbox"/> Bleeding/Hematoma</td> </tr> <tr> <td><input type="checkbox"/> Death*</td> <td><input type="checkbox"/> Symptomatic arterial thromboembolism</td> <td><input type="checkbox"/> Postpartum pre-eclampsia</td> </tr> </table> <p><b>*If yes, please ensure corresponding Outcome Event and SAE form(s) are completed.</b></p> | <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 |
| <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           |  |                                 |   |   |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 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" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 15%;">D</td> <td style="width: 15%;">D</td> <td style="width: 15%;">M</td> <td style="width: 15%;">M</td> <td style="width: 15%;">M</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">Y</td> </tr> </table> | D | D | M | M | M | Y | Y | Y | Y |
| D   | D | M | M | M | Y | Y | Y | Y |   |