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:
  - ☐ Lost to follow up
  - ☐ 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 Form and SAE form**

****Reason(s) subject has withdrawn consent:**

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)*:

☐ **None**	☐ Symptomatic venous thromboembolism	☐ Bleeding/Hematoma
☐ 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

Follow-up Screening: VTE

VTE Screening

1. Follow-Up Visit / Phone or Video Call:

☐ 6 weeks (Visit/Call) ☐ 90 days (Call) ☐ Unscheduled (Visit/Call)

2. Follow-Up Date: D D M M M Y Y Y Y

Instructions: Use the following categories to rate each symptom. Choose the one best answer.
None: Patient is not experiencing this symptom today.
New: Patient has this symptom today, but did not have it at her last study visit.
Worse: Patient had this symptom at her last study visit and it has gotten worse.
Same: Patient had this symptom at her last study visit and it has not changed.

3. Deep Vein Thrombosis (DVT) Symptoms:	None	New	Worse	Same
Pain in limb(s): ☐ L leg ☐ R leg ☐ L arm ☐ R arm	☐	☐	☐	☐
Swelling in limb(s): ☐ L leg ☐ R leg ☐ L arm ☐ R arm	☐	☐	☐	☐
Tenderness of the leg(s): • Along the path of the deep vein (groin, thigh, behind the knee and/or in the deep calf) ☐ L leg ☐ R leg	☐	☐	☐	☐
Tenderness of the arm(s): • In the armpit, under the clavicle and/or in the neck ☐ L arm ☐ R arm	☐	☐	☐	☐
Warmth in the limb(s): ☐ L leg ☐ R leg ☐ L arm ☐ R arm	☐	☐	☐	☐
Redness or purple discoloration of the skin in the limb(s): ☐ L leg ☐ R leg ☐ L arm ☐ R arm	☐	☐	☐	☐

4. Pulmonary Embolism (PE) Symptoms:	None	New	Worse	Same
Shortness of breath	☐	☐	☐	☐
Pain in the chest	☐	☐	☐	☐
Rapid pulse or racing heart	☐	☐	☐	☐
Cough with blood in sputum	☐	☐	☐	☐
Fainting or near fainting episodes	☐	☐	☐	☐

If the subject responds 'New' or 'Worse to any chest symptoms, complete the ATE Screening Form.

Important: Any NEW or WORSE leg or chest symptoms will prompt response of study personnel to collect all pertinent source documents to diagnose or exclude VTE as indicated in the Protocol, including arranging for patient assessment if required.