272MS401_eCRF_EditChecks_Database_Validation_0.1: All Visits
Project Name: 272MS401
Folder: End of Study
Form: End of Study
Generated On: 10 Jul 2023 16:06:42

End of Study	END OF STUDY
End of Study Date (dd-mon-yyyy)	_____
Did the subject complete the study?	Yes ☐ No ☐
If No, Primary Reason for Not Completing the Study	Death ☐ Adverse Event ☐ Disease Progression - As Defined by the Protocol ☐ Disease Relapse ☐ Protocol Deviation ☐ Failure to Meet Continuation Criteria ☐ Site Terminated by Sponsor ☐ Study Terminated by Sponsor ☐ Withdrawal by Subject - Study Visit Burden/Scheduling Conflicts ☐ Withdrawal by Subject - Concern about Study Procedures/Perceived Risks ☐ Withdrawal by Subject - Relocation (Moving or Has Moved) ☐ Withdrawal by Subject - Other ☐ Physician Decision - Unrelated to Safety/Efficacy of Study Treatment ☐ Lost to Follow-Up ☐ Other ☐

Please provide a description if Reason for Not Completing the Study is: Protocol Deviation, Withdrawal by Subject - Other, Physician Decision - Unrelated to Safety/Efficacy of Study Treatment, Lost to Follow-Up or Other	
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