



End of Study

1. Reason for Study End?

☐ Participant Died

Date of Death:

				/			/		
YYYY					MM			DD	

Enter as much of the date as is known. If no details available, check Unknown.

☐ UnknownPrinciple Cause
of Death:☐ Unknown☐ Lost to follow-upDate of last
attempted
communication:

				/			/		
YYYY					MM			DD	

Enter as much of the date as is known. If no details available, check Unknown.

☐ Unknown☐ Study Completed

- No consent participant who has completed inpatient hospital stay
- Consent withdrawn during Community Follow-Up phase
- Consent participant who indicated no CFU and has completed inpatient hospital stay

(Note: If participant withdraws consent during inpatient hospital stay please do not include as "study completed" until they have completed their inpatient hospital stay, but fill out a new Consent Tracking form to indicate consent withdrawal.)

Data Collection Details

Collected by: (please print name)		Initial Here:		Date Abstraction Completed:	YYYY-MM-DD
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