# STUDY DISPOSITION FORM

## Study Name

|  |  |
| --- | --- |
| **Site ID:** **Participant ID:**  | **Date (dd/mmm/yyyy):** **Study Visit:**  |

1. **Date of completion/discontinuation** (dd/mmm/yyyy):
2. **Did participant discontinue before the planned end of study?**

☐ Yes*(If Yes, check a reason below)* ☐ No *(if No, skip Q3)*

**3. Reason for premature discontinuation** *(“X” ONLY one)*

☐ Screen Failure

☐ Adverse Event (*If checked, Specify name on the AE Form*)

☐ Death

☐ Lost to Follow-up

☐ Principal Investigator Decision (*If checked, specify:*)

☐ Protocol Deviation

☐ Study Terminated by Sponsor

☐ Withdrawal by Participant

☐ Other (specify):

1. **Was participant notified regarding end of active protocol study participation?**

☐ Yes*(If Yes, enter date below* ☐ No

**Date of Notification** (dd/mmm/yyyy):

**Completed by** (Signature):

**Date** (dd/mmm/yyyy):

*Version\_November 2020*

### Study Disposition Form Completion Instructions

* **Date of completion/discontinuation:** Record date of participant’s final study visit or contact. Enter the date in dd-mmm-yyyy format.
* **Did participant discontinue before the planned end of study?** The planned end of study refers to the final study visit date when participant would be scheduled for separation from the study. If **Yes** is checked, record a reason in question 3a. If **No** is checked, skip question 3a and proceed to question 4.
* **Reason for premature discontinuation:** Check only one. If **Adverse Event** is checked,

specify name of the adverse event (AE) on the AE Form. If **Principal Investigator Decision** is checked, specify the reason. If **Other (specify)** is checked, specify the reason.

* **Was participant notified regarding end of active protocol study participation?** If **Yes** is checked, enter the date of notification in dd-mmm-yyyy format.
* **Completed by:** Person who completes form signs it and records the date of his/her signature in dd-mmm-yyyy format.