

A-STAR: End of Study	
Patient Study ID: _ _ _ _ _ _ _ _ _ _	Initials: _ _ _ _

	Diagnosis in the death certificate: _____ _____
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Loss to follow-up	
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Is the patient lost to follow up?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of last patient contact: _ _ _ _ _ _ _ _ _ _
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Data censored	
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Has the data been censored	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the reason: <input type="checkbox"/> Patient participating in clinical trial <input type="checkbox"/> Other: _____ Date when data censored: _ _ _ _ _ _ _ _ _ _
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Details of team member completing this CRF	
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Name:	
Signature:	
Date:	