A-STAR: End of Study							
Patient Study ID:	_				Initials:		
End of Study							
Date end of study recorded							
(withdrawal from active participation AND linkage of data)					_   (DD-MMM-YYYY)		
Withdrawn consent							
Has the patient / guardian withdrawn main study consent?	□ Ye	s 🗆 N	10				
	If yes, please specify type:						
	☐ Withdrawal from patient questionnaires but continues in the study.						
	Date of withdrawal 1:						
					tive participation but consented to		
				wal 2:  _	ords and data linkage.		
	☐ Withdrawal from active participation and data linkage.						
	Date	of wi	thdrav	wal 3:  _			
	☐ Withdrawal from active participation, data linkage and exclusion of data from analyses.						
	Date of withdrawal 4:						
Death							
	□ Ye	s 🗆 N	10 (	If yes, re	remember to complete SAE form)		
Is the patient dead?	Date	of de	ath:  _				

A-STAR: End of Study							
Patient Study ID:		Initials:					
	Diagnosis in the death cert	:ificate:					
Loss to follow-up							
Is the patient lost to follow up?	□ Yes □ No						
	If yes, date of last patient contact:						
		_					
Data censored							
	□ Yes □ No						
	If yes, what is the reason:						
Has the data been censored	☐ Patient participating in c	clinical trial					
	□ Other:	<del></del>					
	Date when data censored:						
Details of team member completing this CRF							
Name:							
Signature:							
Date:							