## Off Study Form
INTERTECC Trial
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**Instructions:** Submit this form when patient goes off study. This form is to be completed by a researcher or clinical staff member.

### Off Study Status:

- ☐ Death
- ☐ Lost to Follow-up  (Describe Below)
- ☐ Patient Moved Away
- ☐ Patient/MD Decision or Non-Compliance  (Describe Below)
- ☐ Completed Study
- ☐ Other, Please specify: ________________________________

### Comments:

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**Investigator Signature** _____________________________  **Date** _____________________________