



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

PARTICIPANT CLOSE-OUT

1. Principal Investigator Comments (Optional):

SIGNATURES: Please complete the following section at withdrawal (premature withdrawal or end of study).

I verify that all information collected on the CRIC study CRFs for this participant is correct to the best of my knowledge and was collected in accordance with the procedures outlined in the CRIC study Protocol and Manual of Procedures.

a. Did the P.I. sign this CRF?

₁ Yes

₀ No

Principal Investigator Signature

Date: ___ / ___ / _____ (mm/dd/yyyy)

b. Did the R.C. sign this CRF?

₁ Yes

₀ No

Research Coordinator Signature

Date: ___ / ___ / _____ (mm/dd/yyyy)