

CLOSEOUT FORM

THE ROCK GROUP — PROSPECTIVE COHORT STUDY — FORM 5

SECTION A: STUDY INFORMATION

Subject ID: _____ - _____ - _____

Study Visit:

Site Number: _____

Date: ____ / ____ / _____

Surgeon ID: _____

Age: _____

SECTION B: CLOSEOUT INDICATIONS

B1. Did the patient complete the study?

Yes (If Yes, continue to 2)

No

a. If No, what was the primary reason?

Subject lost to follow-up

Subject requested to withdraw

a. Explain: _____

Other

a. Explain: _____

Date subject finished participating in study: ____ / ____ / _____

Duration of study participation: _____

B2. Date patient closed out: ____ / ____ / _____