

Form 2536 R1.0: BMT CTN 1702 Off Study Form

Center: _____

CRID: _____

Key Fields

Sequence Number: _____

Date Received: ____-____-____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____-____-____

Off Study

Questions: 1 - 4

1 Was the subject taken off of the primary study?

Yes No

2 Date subject taken off study: ____-____-____

3 Indicate reason subject taken off study (check all that apply)

- Subject or parent/legal guardian withdrawal of consent
- Determined ineligible by the study team after initial enrollment
- Lost to follow-up
- Other

4 Specify other: _____

Off Substudy

Questions: 5 - 8

5 Was the subject taken off substudy?

Yes No Not Applicable

6 Date subject taken off substudy: ____-____-____

7 Indicate reason subject taken off substudy (check all that apply)

- Subject or parent/legal guardian withdrawal of consent
- Determined ineligible at the time of consent
- No longer meets eligibility criteria due to disease, conditioning, or GVHD prophylaxis used
- Discontinued per medical discretion of the protocol PI or Medical Monitor
- Lost to follow-up
- Other

8 Specify other: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____-____-____