

Document date\*

(automatically generated)

Note: completing this form means that active registration of data has ended for this participant!

**LOST TO FOLLOW-UP**

Select the reason this patient was lost to follow-up (scroll down)

- Participant is no longer willing to participate
- Participant is out of the picture
- Participant has officially withdrawn informed consent
  - If selected: fill-out date of withdrawal DD-MM-YYYY
- Participant has deceased
  - If selected: fill-out date of death MM-YYYY