CRF 6 - END OF TREATMENT

A1.Participant's ID number C C C - C C C C **A2. Center** _____

T0. Research staff completing the form_____

END OF TREATMENT

T1. Reason for stopping (tick one)

- c Study participant completed therapy
- c Study medication stopped due to an adverse event (REPORT INITIAL AE CRF9, if not already done)
- c Study participant decided to stop therapy (participant's decision)
- c Treating team decided it was futile to continue (patient non-compliance)
- c Participant started a new drug, which has potential drug interaction (REPORT INITIAL AE CRF 9, if not already done)
- c Study participant has decided to withdraw COMPLETELY from study*
- c Pregnancy (REPORT INITIAL AE CRF 9, if not already done)
- c Active TB suspected (report Active TB CRF 11, if not already done)
- c Study participant has died (REPORT INITIAL AE CRF 9, if not already done)
- c Study participant never started treatment
- c Study participant never came back after randomization, but reported by phone that took some treatment

  T2. In this case, for how many days the participant said he/she took treatment? C C

- c Other reasons for stopping

  T3. Specify the other reasons for stopping _____

NOTE: Coordinating centre will be notified by automated email of any withdrawals

T4. Date of the last dose taken by participant (Note: do not complete T4 if subject never started study medication)

T5. General comments: _____

_____

STUDY PARTICIPANT IS NOW IN POST TREATMENT FOLLOW-UP

T6. Suggested date of 1st FOLLOW-UP CALL/VISIT for this participant is: (autogenerated by website)