

CRF 8 - END OF POST-TREATMENT FOLLOW UP FORM

A1. Participant's ID number **C C C - C C C C**

A2. Center

Z0. Research staff completing the form _____

END OF POST-TREATMENT FOLLOW-UP

Z1. How many months post randomization was the last follow-up call/visit made? **C C** months (approximately)

Z2. Reason why the post-treatment follow-up for this participant is finished. Please tick one.

- Study participant completed post-treatment follow-up**
(i.e. last contact at about 25-27 months after randomization)
- Study participant could not be contacted within 25-27 months from randomization**
(i.e. attempts were made, but could not reach participant)
- Study participant has asked not be contacted anymore**
(Coordinating centre will be notified by automated email of any withdrawals)
- Active TB suspected**
(REPORT Active TB if not already done (CRF-11))
- Study participant has died during the post-treatment follow-up**
(REPORT Death during post-treatment follow-up (CRF-14), if not already done)
- Other**
Z3. If other, Specify _____

Z4. General comments: _____

STUDY PARTICIPANT HAS NOW COMPLETED THE STUDY