

Study Completion Information

Has the patient completed the study?

- Yes
- No
(Yes: 60 months of follow-up; No: early withdrawal)

Put a date if the patient withdrew from ReBioLup

(YYYY-MM-DD)

Reason why the patient withdrew from the study

- Non-compliance
- Did not wish to continue in the study
- Other

Please specify the reason

Date of study completion

(YYYY-MM-DD)

General Comments

Comments
