**Form 6: Treatment Completion Form**

Study site: Participant ID**:** -

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| 1. **Study Treatment Completion** |

1. Total number of study treatment doses: 
   1. Date of first dose of the study regimen: --
   2. Date of first dose of continuation phase: --
   3. Date of last dose of the study regimen: --
2. Did participant complete study treatment according to protocol?

Yes *(proceed to Section C)* No

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| 1. **Reason for Not Completing Study Treatment Per Protocol** |

* + 1. Select the **primary** reason why participant did not complete study treatment per protocol. **(Select ONE reason only) Note:** Continue to follow participant, unless reason for not completing study treatment per protocol is followed by an asterisk (\*).

Participant died**\***

Participant has *M. tuberculosis* resistant to FQ\* ***(Complete Mycobacteriology Form)***

Participant has *M. tuberculosis* resistant to SLI\* ***(Complete Mycobacteriology Form)***

Participant withdrew consent\*

Participant determined ineligible after enrollment **(PROTOCOL VIOLATION)**

Specify reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Study treatment not started

Participant developed drug toxicities requiring permanent discontinuation of any study drug

**(Complete Adverse Event Form)**

Physician judged it no longer advisable for participant to continue study treatment

Specify reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant refused further study treatment

Specify reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant became pregnant during study treatment ***(Complete Adverse Event Form)***

Failure to complete required number of study treatment doses within 13 months

Specify reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lost contact with participant

Other, specify:­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date reason checked in B1 occurred: --

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| 1. **Interim Treatment Outcome (Sputum Culture Conversion)** |

1. Date of initial sputum culture conversion:--
2. Culture conversion status at 4th month of treatment:

Negative

Positive

Not applicable

1. Culture conversion status at 6th month of treatment:

Negative

Positive

Not applicable

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| 1. **End of Treatment Outcome** |

Date of end-of-treatment outcome: --

End-of-treatment outcome:

Cured

Treatment completed

Treatment failed

Died ***(Complete Notification of Death Form)***

Lost to follow up

Not evaluated

Withdrawn *Spesify reason for withdrawal* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **Form Completion** |

PRINT name of person completing form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Treatment Completion Form completed: --