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| **Research Information** | |
| IRB Number |  |
| Protocol Number |  |
| Principal Investigator Name |  |
| National Clinical Trial Number |  |

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| **Patient Information** | |
| Patient Name |  |
| Date of Birth |  |
| Patient MRN |  |
| Off-Study/Discharge Date |  |
| Off-Study Reason | Study Completed  Early Term  Death/Drop/Withdrawal **Date:**  Patient Discharged from UMC (*billing for research activities at UMC has ceased*)  Screen Failure |

This form must be provided electronically to the Clinical Trials Office via [research@umcsn.com](mailto:research@umcsn.com) within 24 hours of patient off-study and/or discharged from UMC. By submitting the UMC CTO Off-Study Form the Principal Investigator or designee attest that all billable items/services and costs to UMC have concluded for the above referenced research participant for the above referenced clinical trial.

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| **UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA:** |  |
| Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |