

APPENDIX L

DISCONTINUATION / COMPLETION FORM

Study Number: _____	Date of Birth _____
Name: _____	

Did participant complete the 5 year study?

Yes

No

If No please state reason:-

Prostate Cancer occurrence (If Yes, please complete histology & treatment sheets)

Personal Choice Comment on why _____

Lost to follow up Comment _____

Death Date of Death _____

Cause _____

Other Comment _____