

END OF FOLLOW UP

Patient ID: _____

Date: _____

Reason for end of follow up:

- Withdrew informed consent
- Patient treated in other center
- Death
- Lost to follow up
- Insufficient follow up data
- Other

If other, specify: _____

Year of death: _____

Cause of death:

- Bleeding
- HIV
- Liver Disease
- Other, please specify: _____