

Protocol:

Title:

Reference number CEHF :

Name of principal investigator:

Date of approval:, by Ethics Committee, designated as leading EC.

The experiment is terminated in St Luc: YES NO

Please select: close-out visit LPLV (last patient last visit)

Please mention the date:

The experiment is terminated in all centres in Belgium: YES NO

Please mention the date:

The experiment is terminated in all centres worldwide: YES NO

Please mention the date:

The experiment is terminated because of

- adverse events (please specify):
- other (please specify)
- limited number of recruited patients
- according to the study design

Date :

Name of principal investigator :

Signature of principal investigator :