

(sending institution please stamp here)   phone: ( _____ ) _____ - _____	<p style="text-align: center;"><b>patient label</b> name, date of birth, address</p>
GHSG Studienzentrale Uniklinik Köln  50924 Köln Germany  phone: + 49 221/ 478- 88166 fax: + 49 221/ 478- 88188	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <h2 style="margin: 0;">TREATMENT TERMINATION REPORT</h2> </div> <div style="background-color: #cccccc; padding: 10px; font-size: 2em; font-weight: bold; text-align: center;">TTR</div> </div>

<b>Trial:</b> <span style="font-size: 1.2em; font-weight: bold;">AVD-Rev</span>	<b>Case ID:</b> _____ <b>CRF ID:</b> _____
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This form is to be completed if the originally intended protocol-conform treatment cannot be continued.

**Termination of Protocol Treatment on:**

day	month	year

**Reason:**

- progress under therapy (PD)                      ⇒ please complete restaging form
- inadequate response (NC)                              ⇒ please complete restaging form
- toxicity under therapy                                      ⇒ please complete SAE report, if applicable
- patient refuses to continue with chemotherapy
- patient refuses to continue with radiotherapy
- patient withdraws her/his consent to participate in the trial  
(⇒ obtain written declaration from patient and send it to the GHSG)
- treatment-relevant reassessment of the initial stage
- Hodgkin diagnosis not confirmed by pathology review
- violation of inclusion/ exclusion criteria              ⇒ please specify under ‚remarks‘
- independent disease entity
- others    ⇒ please specify under ‚remarks‘

**Treatment Status:**

- patient has not received any trial medication
- treatment according to protocol has been started

**Further Documentation:** *if termination because Hodgkin diagnosis was not confirmed:*  
 ⇒ please complete documentation until termination, but no follow-up documentation  
*in all other cases:*  
 ⇒ please complete documentation until termination including restaging if happened and follow-up documentation

**Remarks:**

day	month	year

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 Investigator signature