

Participant ID [_][_][_][_]

Initials [_][_][_]

GREAT-2 Worksheet – Visit 8 Post treatment assessment 1

80. Date of Visit 8

80.1 Date of Visit 8 (telephone call) (dd-mm-yyyy)

81. Blood Test Reviewed

81.1 Have blood tests taken at end of treatment assessment 7 been Reviewed by a doctor? Yes No
If not, needs to be reviewed before continuing.

82. Adverse Events since last visit

Complete **Adverse Event Log** for each Adverse Event since last visit
