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Participant Flow Template

ClinicalTrials.gov

Recruitment Details				
Pre-assignment Details				
Period ①	Title: Overall Study			
	Arm/Group Title *	*	*	*
Arm/Group Description ②				
		Number of Participants *	Number of Participants *	Number of Participants *
STARTED *		*	*	*
Milestone Title	[*]	[*]	[*]]
Milestone Title	3) [*]	[*]	[*]	

Other Reason 3
Other Reason 3

Other Reason(3)

Milestone Title (3)

Reason Not Completed

COMPLETED*

- * Required by ClinicalTrials.gov
 [*] Conditionally required by ClinicalTrials.gov
- (1) Complete a Period table for each Period you wish to report. Provide a descriptive Title for each reported Period.

Adverse Event

Lack of Efficacy

Pregnancy

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Lost to Follow-up
Physician Decision

Protocol Violation

Withdrawal by Subject

Death

2 Arm/Group Description describes details about the interventions administered (e.g., dosage, dosage form, frequency of administration) or groups evaluated.
3 [Optional] Add as many Milestone Title or Other Reason Not Completed rows as needed. A descriptive title for each row is required.