



Practice Name:

Study ID Number:

Researchers Initials:

Date of form completion:

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- Please record the last scheduled visit completed by the patient? Baseline Visit
 Follow Up Visit 1 (6 Months)

Please complete early withdrawal or loss to follow up section as applicable.

EARLY WITHDRAWAL INFORMATION (complete A, B & C)	
A) WITHDRAWAL	
<input type="checkbox"/> Withdrawal by the investigator	
<input type="checkbox"/> Withdrawal by the participant	
B) SPECIFIC REASON(S) FOR WITHDRAWAL:	
<input type="checkbox"/> Ineligibility (retrospectively in case of having been overlooked at screening)	
<input type="checkbox"/> An adverse event which results in inability to continue to comply with trial procedures	
<input type="checkbox"/> Disease progression which results in inability to continue to comply with trial procedures	
<input type="checkbox"/> Withdrawal of consent	
<input type="checkbox"/> Other	<input type="text"/>
<i>Further details:</i> <input type="text"/>	
C) PLEASE INDICATE PERMITTED FOLLOW UP:	
<input type="checkbox"/> Withdrawal from intervention - participant follow-up visits to continue as per study schedule	
<input type="checkbox"/> Withdrawal from intervention and participant follow up visits – participant notes can be reviewed	
<input type="checkbox"/> Complete withdrawal – no intervention, no follow-up visits, no notes review	

OR

LOSS TO FOLLOW UP
<input type="checkbox"/> The loss or lack of continuation of a subject to follow-up

The participant has indicated that they are not willing to allow use of their data, even prior to the point of withdrawal, for purposes of analysis? Yes No

Signature: _____

Date: _____