



Biomarker-guided antibiotic duration for sepsis

Withdrawal Form

Participant Trial Number: Participant Initials:

Randomising Site:

A. DATE OF PARTICIPANT WITHDRAWAL:

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B. MAIN REASON FOR PARTICIPANT WITHDRAWAL: (please select one only)

- Yes
1. Participant's decision: → The participant/consultee may choose not to give reasons for, or answer any questions about their decision to withdraw; however, if the participant/consultee is happy to offer this information, please record it here:
2. Consultee's decision: →
-
3. Clinical team decision: → Please specify:
-
4. Antibiotics stopped due to futility: → Please specify:
-
5. Determined to require long term antibiotics (defined as >21 days) after randomisation: → Please specify:
-
6. Other reason(s): → Please specify:
-

C. PARTICIPANT'S TRIAL STATUS:

Please note that all participants withdrawn from the trial should remain on-study for follow-up and sampling purposes, unless the participant has specifically requested to be completely withdrawn from the trial (i.e. No Follow up)

Please select one option only:

1. Participant has ceased trial treatment or procedures but remains on follow-up
2. Participant has withdrawn from the trial completely and will not be followed up

Form completed by (print name): _____

(Please note: your name must be on the trial delegation log)

Signature: _____ Date signed: -

Completion Guidelines for CRF 11: Withdrawal Form

This form must be completed if a participant decides to, or is withdrawn from the trial completely or from trial intervention. Please note that all participants withdrawn from the trial should remain on the trial for follow-up and sampling purposes, unless the participant or consultee has specifically requested to be completely withdrawn with no follow-up.

Participant Initials: Write the initials of the participant's first/given name and surname/family name only. For double barrelled surnames/ family names use the initial from the first part of the surname/family name.

Dates: Please use the following formats for dates: 06-Jun-1956.

Main Reason for Participant Withdrawal Guidance:

- This should be the main reason for withdrawal only. Do not tick multiple reasons. If the reason is not listed, select other and always give further details.
- Death is not to be listed on the Withdrawal Form as a reason for withdrawal. There is a separate Notification of Death Form.