



Learning Effects Study Withdrawal Form

TNO:

Initials:

Site code:

1. DATE OF PARTICIPANT WITHDRAWAL:

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2. MAIN REASON FOR PARTICIPANT WITHDRAWAL (please select one option only)

- a) The participant is no longer having surgery
 (please indicate whose decision this was)
- i. Surgeon's decision: No Yes
- ii. Participant's decision: No Yes
- b) The participant is unfit for surgery
- c) The participant no longer wishes to take part (i.e. the participant wants the control procedure, wants treatment outside of the trial, or wants treatment at a different centre)
- d) The participant does not wish to take part in follow-up
- e) No reason given
- f) Other: (please give details)

4. PARTICIPANT'S STUDY STATUS (Please select one option only)

- a) Participant withdrew from on-site follow-up but is happy to be followed up by the trial team using other methods of follow-up e.g. post, phone, home visits, app, and/or e-mail.
- b) Participant has withdrawn completely from the study and will not be followed up.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:

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