



Withdrawal Form

TNO:

Initials:

Site code:

1. DATE OF PARTICIPANT WITHDRAWAL:

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2. RANDOMISATION

a) The participant **HAS** been randomised: No Yes

3. 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 TRIAL STATUS (**RANDOMISED PARTICIPANTS ONLY**) (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b) Participant has withdrawn completely from the trial and will not be followed up.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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