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Withdrawal Form

WITHDRAWAL FORM

Date of withdrawal:

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DD/MMM/YYYY

Withdrawal status:

Please select all that apply:

Withdrawal from trial treatment

☐

Withdrawal from completion of follow-up questionnaires

☐

Withdrawal from remote data collection (from medical notes/other organisations)

☐

Main reason for withdrawal:

Reason _____

Withdrawn by:

Participant ☐Personal Legal Representative ☐Professional Legal Representative ☐Clinician (*N.B Clinician can withdraw the patient from treatment only*) ☐

FORM COMPLETED BY:

Name (please print):

Date completed:

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DD/MMM/YYYY

Signature: