

GREAT-2 Worksheet – Discontinuation of Trial Medication

Permanent Discontinuation of Trial Medication

Instructions: Where a participant is withdrawing completely from the trial do not complete this form but complete the Completion of Trial Form. When participants stop trial medication they should be encouraged to continue with the trial visits and the trial wherever possible.

1. On which date was the last dose taken? (dd-mm-yyyy)

Reason for stopping of trial medication (main reason only)

2. Reason
- Advice from GP/other healthcare professional
 - Adverse event
 - Participant's choice
 - On advice of investigator
 - Other

If 'other'

3.1 Details

Participant must be assessed by the PI and changes to medication noted on ConMeds Log. Changes to participant's medication and any other actions taken must be recorded in the participant's medical notes and their GP informed.

4 Has the participant been reviewed by the PI or other delegated doctor? Yes No

4.1 Date of Review (dd-mm-yyyy)