

## Study withdrawal form

**Study title:**

**Please complete this form in the following circumstances;**

1. If the participant wishes to withdraw from the study
2. If the participant wishes to stop ongoing participation in the study after the study has completed: ie not take part in follow-up procedures
3. If the participant is withdrawn for any other reason

**Subject ID:**

**Surname:**

**First Name:**

**Points to remember when completing this form:**

- A participant has the right to withdraw from the study at any time and for any reason, without prejudice to their medical care. They are not obliged to provide a reason for their change of mind.
- Please clarify with the participants whether, despite withdrawing consent, they would agree for data collection to continue and any outstanding data collected.
- Ensure the fact the participant has withdrawn is recorded in the participant's medical notes.

**Why was the participant withdrawn? Please complete below:**

Participant withdrew themselves  Yes  No

State reason if given

Participant withdrawn by other  Yes  No

Reason:

Has the participant agreed that the data already collected can be used?  Yes  No

Has the participant agreed that samples already collected can be used?  Yes  No

Has the participant agreed to any further contact re study participation  Yes  No

Details:

Will safety follow up be required  Yes  No

Further Information:

Date consent withdrawn:

**Print name of person completing this form:**

**Signature:**

**Date:**