

# Repeating Data 'Discontinuation of Trial Medication'

## Form Discontinuation of Trial Medication



Question	Answers
<b>**Permanent Discontinuation of Trial Medication**</b>	
<p>Instructions: Complete this form when a participant is discontinuing trial medication but continuing in the trial. If a participant discontinues trial medication they should be encouraged to continue with the trial visits and assessments wherever possible. If a participant is withdrawing completely from the trial do not complete this form but complete the <b>**Completion of Trial/Early Withdrawal form.**</b></p>	
On which date was the last dose taken?	<input type="text"/> <input type="text"/> <input type="text"/> <span style="float: right;">(dd-mm-yyyy)</span>
Is date of last dose taken before date of randomisation?	<b>Automatic Calculation in Castor</b>
Reason for stopping of trial medication (main reason only).	<p> <input type="radio"/> Allergic reaction to trial drug  <input type="radio"/> Advice from GP/other healthcare professional  <input type="radio"/> Persistent adverse effects which are determined to be severe, persistent, treatment-related and not responsive to treatment  <input type="radio"/> Other Adverse event  <input type="radio"/> Participant's choice  <input type="radio"/> Pregnancy  <input type="radio"/> On advice of investigator  <input type="radio"/> Other         </p>
Details Calculation	
Please give details	<div style="border: 1px dashed black; height: 80px; width: 100%;"></div>
<p>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.</p>	
Has the participant been reviewed by the PI or delegated doctor?	<p> <input type="radio"/> YES  <input type="radio"/> NO         </p>
<p><b><i>If 'Has the participant been reviewed by the PI or delegated doctor?' is equal to 'YES' answer this question: Date of review</i></b></p>	<input type="text"/> <input type="text"/> <input type="text"/> <span style="float: right;">(dd-mm-yyyy)</span>