



ECUSTEC Exit Form

TO BE COMPLETED IF THE PATIENT HAS BEEN WITHDRAWN FROM THE TRIAL AND THE TRIAL PROTOCOL

Trial Number: Site Name: _____ Date of Birth: ___/___/____ (mon/yyyy)

Exit Details (Please select appropriate reason for the patient's exit from the trial)

Has the patient died? Yes No
 Date of death: ___/___/____ (dd/mon/yyyy)

Was the cause of death (tick all that apply): Treatment related Disease related Other

Official cause of death as recorded on death certificate or GP letter:

1a _____
 1b _____
 1c _____
 2 _____

Has patient been lost to follow-up? Yes* No
 *If yes, give reason: _____
 Date lost to follow-up: ___/___/____ (dd/mon/yyyy)

Is the patient unwilling to continue in some aspects of the trial? Yes* No
 *If yes, give reason: _____

Please select one reason for the patient's unwillingness to continue:	
Unwilling to complete parent questionnaires	<input type="checkbox"/>
Unwilling to attend any further trial assessment visits	<input type="checkbox"/>
Withdrawn—Collect no additional data	<input type="checkbox"/>

Date of withdrawal of consent: ___/___/____ (dd/mon/yyyy)

Has the Investigator decided to stop trial treatment in the participant's best interest?
 Yes* No
 *If yes, give reason: _____
 Date of Treatment Stopped: ___/___/____ (dd/mon/yyyy)

Trial Number:

Date of Birth: ____ / ____ (mon/yyyy)

Form Completion

Completed by (name): _____

Signed: _____ Date Completed: (dd/mon/yyyy)

PI Name: _____

PI Confirmation Signature: _____ Date Completed: (dd/mon/yyyy)

Data Collection Status (for Trial Office use only)	Tick only one box
Collect All Data	<input type="checkbox"/>
Collect Event Data Only	<input type="checkbox"/>
Collect No Data — withdrawn	<input type="checkbox"/>