



RATE-AF Exit Form

UNIVERSITY OF
BIRMINGHAM



IDENTIFYING DETAILS

Patient initials:

Trial Number:

LOST TO FOLLOW-UP

Has the patient been lost to follow-up? No Yes

If yes, date of last study visit: / /

WITHDRAWAL FROM THE STUDY

Complete if the patient withdraws from the study:

Date of withdrawal: / /

Type of withdrawal:

- Patient does not want further treatment with study medication but agrees to continue with study follow-up
- Patient does not want further treatment with study medication or to continue with study follow-up but agrees to NHS data still being collected
- Patient wishes to withdraw completely from the study

DEATH

Please complete if the patient dies whilst participating in the trial:

Date of Death: / /

Cause of death according to the death certificate:

- To be completed for all participants that die, retrospectively following the coronial process
- Please enter details as they appear on the death certificate

Ia

Ib

Ic

II

Exit Form completed by:

You **must** have signed the trial signature and delegation log

Name:
(please print)

Date: / /

Signature: