

## Trial Exit/Change of Status Form

## Section 1 - Participant Details

Trial Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initials: <i>First, Middle, Last</i> <input type="text"/> <input type="text"/> <input type="text"/>	Site Name: <input type="text"/>
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## Section 2 - Notification of Death

Has the patient died? ☐ No ☐ Yes

Date of death: *e.g. 31-JAN-2017*    -     -

Cause of death:

## Section 3 - Notification of Withdrawal

Has patient withdrawn from qualitative study? <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes</span>	Date of withdrawal: <i>e.g. 31-JAN-2017</i>
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Was the withdrawal post qualitative sub-study interview? ☐ No ☐ Yes

Did this withdrawal occur within the post interview allocated two week time period? ☐ No ☐ Yes

Has patient withdrawn from main trial? <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes</span>	Date of withdrawal: <i>e.g. 31-JAN-2017</i>
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If withdrawn from main trial, please indicate patient's wishes: *Tick ONE option only*

- ☐ Patient wishes to withdraw from trial intervention but willing for further data to be collected according to protocol schedule
- ☐ Patient wishes to withdraw from protocol schedule but willing for routine data to be collected
- ☐ Patient wishes to withdraw completely i.e. no further data will be collected

What is the main reason for the patient changing their status? *Tick one*

- ☐ No reason given
- ☐ Participant no longer interested in research
- ☐ Participant unhappy with their trial treatment allocation
- ☐ Too many forms to fill in
- ☐ Other

If **Other**, please specify:

## Section 4 - Form Completion Details

Completed By: <input type="text"/>	Signed: <input type="text"/>	Date: <i>e.g. 31-JAN-2017</i>
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Principal Investigator Name:

Principal Investigator Signature:

Date: e.g. 31-JAN-2017