

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: _____
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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Has patient withdrawn from qualitative study? <input type="radio"/> No <input type="radio"/> Yes	Date of withdrawal: <i>e.g. 31-JAN-2017</i> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u>
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Has patient withdrawn from main trial? <input type="radio"/> No <input type="radio"/> Yes	Date of withdrawal: <i>e.g. 31-JAN-2017</i> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u>
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If withdrawn from main trial, please indicate patient's wishes: *Tick ONE option only*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: _____	Signed: _____	Date: <i>e.g. 31-JAN-2017</i> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u>
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Principal Investigator Name: _____	Principal Investigator Signature: _____	Date: <i>e.g. 31-JAN-2017</i> _____
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