

DUTY Withdrawal Form

Fax: 02920 687 612



1. Child's Study ID: -

Please complete this form using black ink and BLOCK capitals. Options should be selected by placing a cross(X) in the appropriate box.

Once completed this form should be faxed to the study manager Emma Thomas-Jones on 02920 687612.

Section 1 – Participant Details

2. Child's Date of Birth: 3. Child's Gender: Male

Female

4. Practice/Site ID:

5. Practice/ Site Name:

Section 2 – Withdrawal Details

6. Date of Withdrawal:

7. Nature of Withdrawal: Withdrawal from study (consent to use data collected)
Withdrawal from follow up (consent to 3 months notes review)
Withdrawal from study (withdraw all data)

8. Reason for Withdrawal:

Completed by:

Study ID:

Date completed:

For Centre use ONLY:

Date received:

Date entered on database:

Entered by: