DUTY Withdrawal Form

Fax: 0207 848 8706



1.	Child's Study ID:	-									
	ease complete this for ess(X) in the appropri		nk and BL	OCK capi	tals. Op	tions s	should I	be sele	ected by	⁄ plac	ing a
On	ce completed this for	m should be fax	ed to the s	study mar	nager M	larilyn	Peters	on 020	07 848	6620.	
Se	ction 1 – Partici	pant Details									
2.	Child's Date of E	Birth [3	3.	Child's	Gend	ler:	Male	е
4.	Practice/Site ID:								I	Femal	е
5.	Practice/ Site Na	me:									
Section 2 – Withdrawal Details											
6.	Date of Withdray	val:									
7. Nature of Withdrawal: Withdrawal from study (consent to us									data co	llected	d) [
			Withd	rawal from	follow u	p (cons	sent to 3	month	s notes	reviev	v)
				1	Withdra	wal fro	om stud	y (with	idraw a	ll data	a)
8.	Reason for With	drawal:									
	Completed by:						Stud	y ID:		I	
	Date completed:										
F	or Centre use ONLY: Date received:		$\neg \sqcap$		7_						
D	ate entered on database:						E	intered I	py:		