DUTY Withdrawal Form

Fax: 02380 701125

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 Kate Martinson on 02380 001080.

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: ☐☐☐