



EXACERBATION SUBSTUDY WITHDRAWAL FORM

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: EWF
VERSION: 1.0 08/02/13

Visit Number	<input type="text"/>	<input type="text"/>
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SEQ #	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0a) Form Date:.....//

0b) Code.....

Instructions: This form should be completed when the participant withdraws or completes the SPIROMICS Exacerbation Substudy. If the participant withdraws early, please answer each question.

1) Did participant complete entire study?☐

Yes Y → **End**

No N

2) What was the date of study withdrawal?//

3) What was the reason the participant withdrew from the study?☐

Participant no longer wishes to participant; withdrawal of consent.. 1

Participant is too sick to participant..... 2

Participant lost to follow-up 3

Participant died 4

Other 5

4) Describe reason for study withdrawal in detail: _____

5) What are patient's wishes regarding exacerbation substudy data?☐

No change, leave already collected data
and specimens in repositories 1

Keep collected medical records data,
but remove all specimens from repositories 2

Remove all data collected and
remove all specimens from repositories 3

6) Is the participant withdrawing from the main SPIROMICS study?☐

ID NUMBER:								
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YesY → **Complete RSW Form**
No.....N