

REASON FOR STUDY WITHDRAWAL FORM

ID NUMBER:

FORM CODE: RSW
VERSION: 1.0 02/24/2021

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed when the participant withdraws from SOURCE.

1) What was the date of study withdrawal?

/ /

2) What was the reason the participant withdrew from the study?

- Participant no longer wishes to participate; withdrawal of consent¹
- Participant is too sick to participate²
- Participant lost to follow-up³
- Participant died⁴
- Participant failed to complete baseline visit⁵
- Other⁶

2a) If other, please specify: _____

3) Describe the reason for study withdrawal in detail:

4) What are the participant's wishes regarding study data and biospecimens post withdrawal?

- No change, keep collected data and biospecimens in repositories¹
- Keep collected data, but remove all biospecimens from repositories²
- No change, participant lost to follow-up³
- Change, remove all data collected and remove all biospecimens from repositories⁴

END OF FORM