



REASON FOR STUDY WITHDRAWAL FORM

ID NUMBER:

FORM CODE: **RSW**
VERSION: 2.0 11/08/2017

Event: _____

0a) Date of Collection / / 0b) Staff Code

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

Question 1 has been removed.

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

3) 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

3a. If other, please specify: _____

4) Describe the reason for study withdrawal in detail: _____

5) What are the participant's wishes regarding study data post withdrawal?

- No change, leave already collected data and specimens in repositories₁
- Keep collected medical records data, but remove all specimens from repositories₂
- Participant lost to follow-up₃
- Remove all data collected and remove all specimens from repositories₄

END OF FORM