**Sample Participant Withdrawal Form**

***Instructions: this sample form can be modified with appropriate study-specific options for documentation of the participant’s agreement/non agreement to continuing with specified study activities/follow up post withdrawal.***

***The participant may be asked to respond to these options at the time of withdrawal if applicable. (Note: participant withdrawal in writing is not required as per ethics criteria)***

**(Only to be completed by study staff in case of withdrawal)**

Please note the participant’s agreement to the following options if treatment with study medication has been prematurely stopped and/or if the participant has withdrawn from the study treatment/study activities.

Options to review with the participant at the time of withdrawal.

Check ⌧ all that are applicable:

􀂉 I will continue to return for follow-up study visits as planned and will take part in study assessments (as described in the main consent) until the study is closed.

􀂉 I agree to be contacted by telephone as needed for study follow-up purposes.

􀂉 I agree that the Study Doctor can collect study-related health information from available sources, such as medical records.

􀂉 I do not agree to be contacted for study follow up and hereby withdraw my consent for all further study-related activities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Study Staff Printed Name Date of Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study participant ID (and initials, partial DOB if required)