Title: Withdrawal
Instructions:

<div style="background-color:yellow">

WITHDRAWAL FORM

Support: mail or +45 3545 7237

Please answer all questions and continue daily registration if consent has not been withdrawn

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Withdrawal form intervention and/or data registration

W1	Date of withdrawal	[ ] 🖩 (dd-mm-yyyy)
W2	Time of withdrawal	[ ] (24 hours, hh:mm)
W3	Reason for withdrawal	○ Clinical decision in conjunction with coordinating investigator [info] ○ Withdrawal from active therapy ○ SAR/SUSAR ○ Consent not given or withdrawn ○ Patient is subject to compulsory hospitalisation
W3a	Who is not giving or withdrawing consent?	○ Relative/next of kin/guardian not giving or withdrawing consent ○ Patient not giving or withdrawing consent
W3b	Will further daily data be registered?	○ Yes [info] ○ No