

## WITHDRAWAL

Hotline: +45 4829 6773

Please answer all questions and continue daily registration if consent has not been withdrawn

#	Question	Answer	Info	Validation and limits	Further comments for data manager
<b>Withdrawal from intervention and/or data registration</b>					
W1	Date of withdrawal	_ _ - _ _ - _ _ _ _	Format: dd-mm-yyyy	Required	
W2	Time of withdrawal	_ _ : _ _	Format: 24 hours, hh:mm	Required	
W3	Reason for withdrawal	<input type="checkbox"/> Clinical decision in conjunction with coordinating investigator <input type="checkbox"/> Withdrawal from active therapy <input type="checkbox"/> SAR/SUSAR <input type="checkbox"/> Consent not given or withdrawn <input type="checkbox"/> Patient is subject to involuntary hospitalisation	Info-box for clinical decision "including withdrawal from active therapy"  If SAR/SUSAR give warning: <b>Warning:</b> Remember to contact the coordinating centre without undue delay at godif@cric.nu or +45 4829 6773	Required Single-select	
W3a	Who is not giving or withdrawing consent?	<input type="checkbox"/> Relative/next of kin/guardian not giving or withdrawing consent  <input type="checkbox"/> Patient not giving or withdrawing consent?		Required single-select	

W3b	Will further daily data be registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	YES, if consent to further data registration is given		Only to be answered if YES to "consent not given or withdrawn"