

## WITHDRAWAL

Questions or assistances call: +45 35 45 69 49

#	Question	Answer	Info	Validation and limits	Further comments for data manager
<b>Withdrawal form 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	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	
W4	Withdrawn what	<input type="checkbox"/> Withdrawal of all data <input type="checkbox"/> Withdrawal of data up till withdrawal of consent		Required	