Participant ID:								
------------------------	--	--	--	--	--	--	--	--



WITHDRAWAL Hotline: +45 9357 7750

Please answer all questions and continue daily registration if consent has not been withdrawn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	
	Withdrawal form intervention and/or data registration					
W1	Date of withdrawal	_ _ - _ - _ - _	Format: dd-mm-yyyy	Required		
W2	Time of withdrawal	_ _ :	Format: 24 hours, hh:mm	Required		
W3	Reason for withdrawal (mark one answer):	☐ Clinical decision ☐ SAR/SUSAR ☐ Consent not given or withdrawn ☐ The patient experiences QTc prolongation ☐ Patient is subject to coercive measures (involuntary hospitalisation)		Required Single- select		
W3a	Who is not giving or withdrawing consent?	☐ Relative/next of kin/guardian not giving or withdrawing consent ☐ Patient not giving or withdrawing consent?			Only to be answered if YES to W3c	

Withdrawal – Version 5 Page **1** of **2**

AID-ICU		AID-ICU	WITHDRAWAL Partic	ipant ID: _ _	_ _ _ 8
	W3b	Will further daily data be registered?	☐ Yes ☐ No	YES, if consent to further data registration Is given	Only to be answered if YES to W33 = Consent not given or withdrawn

Withdrawal – Version 5 Page **2** of **2**