

WITHDRAWAL FORM

Support: [mail](#) or +45 3545 7237

Please answer all questions and continue daily registration if consent has not been withdrawn

Withdrawal form intervention and/or data registration

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 Consent not given or withdrawn 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