Withdrawal form version 1.0

Withdra(0/5)		
Title: Withdrawal		
Instructions:		
WITHDRAWAL FORM		
		Support: mail or +45 2118 2543
Withdrawal from intervention and/or data registration		
W1	Date of withdrawal?	(dd-mm-yyyy)
W2	Time of withdrawal? (24 hours)	(hh:mm)
W3	Reason for withdrawal?	SUSAR [info] Consent not given or withdrawn
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?	<pre>Yes [info] No</pre>