



REASON FOR STUDY WITHDRAWAL FORM

ID NUMBER:

FORM CODE: RSW
VERSION: 1.0 10/20/10

Visit Number

SEQ #

0a) Form Date:..... /

0b) Initials

Instructions: This form should be completed when the participant withdraws or completes SPIROMICS. If the participant withdraws early, please answer each question.

1) Did participant complete entire study?

Yes Y → **End**
No N

2) What was the date of study withdrawal? /

3) What was the reason the participant withdrew from the study?

- Participant no longer wishes to participant; withdrawal of consent.. 1
- Participant is too sick to participant..... 2
- Participant lost to follow-up 3
- Participant died 4
- Participant failed to complete baseline visit 5
- Other 6

4) Describe reason for study withdrawal in detail: _____

5) What are patient's wishes regarding study data?

- No change, leave already collected data and specimens in repositories 1
- Keep collected medical records data, but remove all specimens from repositories 2
- Remove all data collected and remove all specimens from repositories 3