

Participant identifier

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Participant initials

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Discontinuation CRF

Discontinuation
Date of discontinuation: __ __ / __ __ __ / __ __ __ __
A) WITHDRAWAL
☐ Withdrawal by the investigator ☐ Withdrawal by the participant
B) SPECIFIC REASON(S) FOR WITHDRAWAL
☐ Ineligibility (retrospectively in case of having been overlooked at screening) ☐ Withdrawal of consent ☐ Other <i>Further details:</i>
C) PLEASE INDICATE PERMITTED FOLLOW-UP:
☐ Withdrawal from intervention - participant follow-up to continue as per study schedule ☐ Withdrawal from intervention and participant follow-up visits ☐ Withdrawal from intervention, participant follow-up visits and notes reviews

Completed by: Print nameSignDate __ / __ / __ __