

Withdra...(0/5)

Title: Withdrawal

Instructions:

## WITHDRAWAL FORM

### 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 Consent not given or withdrawn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?  Yes  
 No