WITHDRAWAL	Hotline: 3545 0606

Please answer all questions and continue daily registration if consent has not been withdrawn

#	Question	Answer	Info	Validation and limits	Further comments for data manager
**Withdrawal form intervention and/or data registration**				
W1	Date of withdrawal	|__|__|-|__|__|-|__|__|__|__|	Format: dd-mm-yyyy	Required	
W2	Time of withdrawal	|__|__| : |__|__|	Format: 24 hours, hh:mm	Required	
W3	Reason for withdrawal (mark one answer):	☐ Clinical decision in conjunction with coordinating investigator ☐ SAR/SUSAR ☐ Consent not given or withdrawn ☐ Patient is subject to involuntary hospitalization		Required Single-select	
W3a	Who is not giving or withdrawing consent?	☐ Relative/next of kin/guardian not giving or withdrawing consent ☐ Patient not giving or withdrawing consent?		Required single-select	Only to be answered if YES to W3c
W4	Will further daily data be registered?	☐ Yes ☐ No	YES, if consent to further data registration is given		Only to be answered if YES to W3c