



EVERT: A STUDY OF DIFFERENT TYPES OF TREATMENT FOR VERRUCAE

Change of Circumstances Form

Please complete this form if there are any changes in the circumstances of the EVerT participant.

Participant Trial Number: [] [] - [] [] [] []

Please enter the date you are completing this questionnaire: [] [] / [] [] / [] [] [] []

Reason for change in circumstance:

Please read the following and write the number of the MAIN reason in the box at the end of this form.

- 1. The patient no longer wishes to have the study treatment (Please state reason and new treatment if given)

[]

- 2. The patient no longer wishes to complete postal questionnaires but agrees to follow up by the health care professional

- 3. The patient wishes to leave the study (Please state reason if given)

[]

- 4. The patient is being withdrawn by podiatrist/nurse/doctor/other health care professional (Please state reason)

[]

- 5. The patient has died (please also complete a 'Serious Adverse Event Form')

Date of death:

[] [] / [] [] / [] [] [] []

dd

mm

yyyy

- 6. The patient is lost to follow up

- 7. Other reason (please state below)

[]

The main reason for the change is option number [] (Please write option number in box)

Please give more details, if applicable:

[]

Please send this form to the York Trials Unit in the pre-paid envelope provided