Patient refusal form

To be completed by the trial co-ordinator and faxed to Louise Brown

EVAR study number __ __ __ __ __

Patient name ____

Date of refusal __ __ / __ __ / __ __ __ __

What has the patient refused?

- EVAR Trial 1 ☐
- EVAR Trial 2 ☐
- EVAR Study ☐
- Any intervention ☐

Which was their preferred treatment?

- Open repair ☐
- Endovascular repair ☐
- Best medical treatment ☐

Will they proceed to open repair or best medical treatment?

- YES ☐
- NO ☐
- DON'T KNOW ☐

EVAR treatment is not currently available from the NHS executive funding outside the EVAR trials until the efficacy of EVAR procedures is accepted.

Will EVAR be performed from alternative funding?

- YES ☐
- NO ☐
- DON'T KNOW ☐

Louise Brown to trial co-ordinator by Fax:-

Research costs are being transferred to your EVAR account