## A3.13 End of Trial (Routine) Request for Unblinding

1.	Person Requesting Codebreak	Name:		
		Position:		
2.	Date of Request	Day	Month Yea	r
3	Type of Request	End of Trial 0		
		Treatment D	Discontinuation / ut	1
4a	Data Entry Complete	No		0
		Yes		1
4b	Data Cleaning Complete	No		0
		Yes		1
5	Notes			

## FOR OFFICE USE ONLY

6	Person Authorising Codebreak	Name:
		Position:
7	Date of Codebreak	Day Month Year

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8	Further Notes

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