

Participant Withdrawal Form

This form should be completed when a participant is withdrawn (either by the Investigator or at the parent's request)

1. School ID: 2. Participant ID:
3. Initials: 4. Date of Birth:
5. Gender: Male
 Female

WITHDRAWAL DETAILS:

6. Date of Withdrawal:

7. Nature of Withdrawal:

- (a) Child moved to non-participating school
- (b) Withdrawal of parental consent
- (c) Withdrawn for clinical reasons

8. Extent of Withdrawal (**Tick all that apply following discussion with parent**): -

- (a) No further treatment to be given
- (b) No further clinical examinations to be performed
- (c) Consent for child to receive remaining annual examinations
- (d) Consent for child to be examined at 36 month timepoint only
- (e) Consent for use of all existing data collected in analysis
- (f) Consent for QDH & QCH-9UD Questionnaires to be sent for remainder of study
- (g) NOT APPLICABLE – child moved to non-participating school

9. Reason for Withdrawal (*please indicate if withdrawing parent does not provide a reason*):

Completed by:
(Please Sign)

Date
completed:

For SEWTU use ONLY:

Date received:

Date entered on database:

Entered by: