

10. EXCLUSION FORM (PARTICIPATORY REVIEW FORM)

10.1. Clinic location: ☐ Korogwe Town Council Hospital ☐ Other

10.1.1. If other, specify : _____

10.2. Date (dd/mm/yyyy): _ _ / _ _ / _ _ _ _

10.3. Completed by : _____

10.4. EXCLUSION DUE TO :

☐ Moving out of the study area

☐ Lost to follow-up

☐ Medical reason

☐ Refusal/withdraw of consent

☐ Other, specify _____

10.4.1. If exclusion due to medical reason, give details :

☐ Miscarriage before GA estimation

☐ Miscarriage after GA estimation

☐ Mother has died

☐ Other, specify _____

10.5. Explanatory notes : _____

DATA ENTRY:

1st entry done by: _____ Signature: _____ date: _ _ / _ _ / _ _ _ _

2nd entry done by: _____ Signature: _____ date: _ _ / _ _ / _ _ _ _