Protocol ID: _____   Study Subject ID:_____

Study Name: _____   Interviewer Name:_____

Site: _____   Interview Date:_____

Event Name: _____

Event Date: _____

NeoCLEAR Withdrawal Form - v1.0

Section Title: Withdrawal from clinical trial

Instructions: Please complete this if a baby is withdrawn from the trial As per good clinical practice (GCP) guidance, parents do not need to specify reasons for withdrawal, so should not feel pressurised to do so.

What was the baby's date of birth? (dd-Mon-yyyy)

Date of withdrawal from clinical trial: (dd-Mon-yyyy)

Why was the infant withdrawn?
- ○ Clinical decision
- ○ Parental wish
- ○ Other

Please give any further information:

Have the parent(s) agreed that we can continue to collect clinical data until this baby is discharged from the hospital/would have reached the end of the trial participation period?
- ○ Yes
- ○ No

Have the parent(s) agreed that we can use the data we have already collected?
- ○ Yes
- ○ No

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID:_____

Interviewer Name:_____

Interview Date:_____

Section Title: Notes

Instructions:

Notes

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID:_____

Interviewer Name:_____

Interview Date:_____