



Drop-out Log

Protocol ID:	H-34	Principal Investigator:	Dr Jerzy Bialecki
Protocol short title:	Delta Revision CUP	Study site ID:	01
Study site name:	Samodzielnny Publiczny Szpital Kliniczny im. Prof. Adama Grucy CMKP	Country:	Poland

Subject ID	Subject Withdrawn? (yes/no)	If withdrawn, record the date of withdrawn (dd/mmm/yyyy)	If withdrawn, record reason for withdrawn (specify)	Subject Lost Follow Up? (yes/no)	If lost follow up, record the date of lost follow up (dd/mmm/yyyy)	If lost follow up, record the date of last contact and the reason for lost follow up (dd/mmm/yyyy)
A01-12	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	22 FEB 2022	intraoperative damage of iliac vessels	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
A01-09	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	03 DEC 2021	cup loosening	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		04.11.22
A01-14	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	28 JUL 2022	cup loosening	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	28.07.2021	04.11.2022
A01-6*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	01 DEC 2021	lost to follow up	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	01 DEC 2021	01 DEC 2021
A01-23	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	19 JUL 2023	28.10.23	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>		

* patient decided to visit and return to the study