# CHANGE OF STATUS

*Please use this form to document any change of status for the participant during the trial.*

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| Date of change of status |  / / *(DD/MM/YYYY)* |
| Main reason for status change: | ☐ Participant withdrawal  ☐ Withdrawn by Investigator ☐ Participant deceased☐ Unblinded☐ Lost to follow-up☐ Other |
| If other, please specify: |
| If participant is deceased, please confirm the date of death: |  / /  *D D* /  *M M* / *Y Y Y Y* |
| Please confirm withdrawal status of the participant:*List withdrawal options as per protocol* | ☐ Withdraw from IMP only, continue follow-up☐ Withdraw from study but continue follow up through medical notes only, no contact☐ Withdraw from study, no further follow up or contact☐ Participant deceased |

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| *Completed by Signature* | *Print Name* | *Date (DD/MM/YYYY)* |