# 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| Main reason for status change: | | ☐ Participant withdrawal  ☐ Withdrawn by Investigator  ☐ Participant deceased  ☐ Unblinded  ☐ Lost to follow-up  ☐ Other |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)* |