

## ProFHER Trial: Trial Exit Form

Please complete this form when the patient is leaving the trial and should no longer be followed-up

Name of person completing form

Participant identification number:

Exit Date:

<input type="text"/> <input type="text"/>	–	<input type="text"/> <input type="text"/>	–	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Day		Month		Year

Reason(s) for patient not being followed-up:  
(Please place a cross in the appropriate box)

1. **Patient wishes to leave the trial** Yes  No

Please state reason (if available).....

2. **Patient is being withdrawn by doctor** Yes  No

Please state reason.....

3. **Patient is lost to hospital follow-up** Yes  No

Please state reason.....

4. **Patient is lost to postal follow-up** Yes  No

Please state reason.....

5. **Patient has died**

Date of death 

<input type="text"/> <input type="text"/>	–	<input type="text"/> <input type="text"/>	–	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Day		Month		Year

6. **Other reason** Yes  No   
(Please state below)

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Please send this form to the York Trials Unit in the pre-paid envelope provided