



FOR OFFICE USE ONLY

Randomisation No.	R				
Participant Initials					

Study Completion / Discontinuation

Study completion

Has the participant completed the study (i.e. been contacted at 1 year regarding recurrence)?

- Yes (please also complete the signature section at the bottom of the page)
- No (please complete the sections below)

Discontinuation from procedure

Date of discontinuation

d	d	m	m	y	y	y	y

Reason for discontinuation of procedure

Patient request

Other

specify

Has the participant agreed to continue in the study (despite not having study allocated procedure)?

- Yes (please continue to complete the applicable forms, if at a later date the participant discontinues the study please complete the sections below. Once the final study visit has been completed please complete the signature section)
- No (please complete the sections below)

Discontinuation from study

Date of last study contact

d	d	m	m	y	y	y	y

Reason for not continuing in the study

Withdrew consent – date of withdrawal of consent

d	d	m	m	y	y	y	y

Participant died – date of death

d	d	m	m	y	y	y	y

Participant lost to follow-up (and attempts to follow-up made in accordance with the protocol)

Other

specify

Signature

I certify that the data for this participant is complete and accurate.

(To be signed and dated by the investigator or authorised member of the investigator's staff)

Reporting person /

Signature

Date signed

d	d	m	m	y	y