



Attach Participant ID label

Date Form completed: 

d	d	m	m	m	y	y	y	y
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**A. REASON**

1. Indicate the reason for completing this form (mark only one)
- Withdrawal from all future study follow-up visits and procedures (**please complete section B**)
  - Transfer (**please complete section C**)
  - Death (**please complete section D**)

**B. WITHDRAWAL**

☞ **Complete this section ONLY if the participant wishes to stop attending all further STOP-HCV-1 visits.**  
 ☞ **If the participant only wishes to stop taking study drug, but is happy to continue coming to STOP-HCV-1 visits, then please continue to follow them "off-study-drug, on-study" (and do NOT complete this form)**  
 ☞ **If the participant wishes to stop attending all further scheduled STOP-HCV-1 visits, please ask them if they would be willing for us to collect the basic CRF information from their medical notes only without any further contact or visits for the trial - "follow-up through medical notes only"**  
 ☞ **If the patient is not willing, please indicate "no further information of any kind to be collected" below.**  
 ☞ **Since the last study visit, if the participant has had a serious adverse event please record on Form 10 - Serious Adverse Event and submit if not already sent: if they have had an adverse event please record on Form 11 - Non-Serious Adverse Event and submit if not already sent.**

1. Date of withdrawal: 

d	d	m	m	m	y	y	y	y
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2. Type of withdrawal (mark only one)

Follow-up through medical notes only     No further information of any kind to be collected

3. Provide more information why the participant ended their trial participation:

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**C. TRANSFER**

☞ **Please contact the STOP-HCV-1 co-ordinating centre at [mrcttu.stophcv1@ucl.ac.uk](mailto:mrcttu.stophcv1@ucl.ac.uk) for possible transfer sites for the participant.**

1. Date of Transfer to new site: 

d	d	m	m	m	y	y	y	y
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2. Record the name of the site which the participant is transferring **to** .....

**FOR MRC CTU OFFICE USE ONLY - Data Management Staff**

3. Record the site number which the participant is transferring **to**

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4. Date consent signed at the new site: 

d	d	m	m	m	y	y	y	y
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**D. DEATH**

1. Record the date of death: 

d	d	m	m	m	y	y	y	y
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☞ **Please note all deaths must also be reported as SAE's on Form 10 and returned to the STOP-HCV-1 co-ordinating centre by secure email [mrcttu.stophcv1@ucl.ac.uk](mailto:mrcttu.stophcv1@ucl.ac.uk) or by fax 0207 670 4817**

Signature: 

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    Printed Name: 

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    Date Completed: 

d	d	m	m	m	y	y	y	y
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☞ Please return by secure email to: [mrcttu.stophcv1@ucl.ac.uk](mailto:mrcttu.stophcv1@ucl.ac.uk) or by fax 0207 670 4817

**For office use only:**

Date form received at CTU:     dd - mmm - yyyy    Date form entered onto database:     dd - mmm - yyyy    Initials of data enterer: 

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