



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

WITHDRAWAL

1a. Indicate primary reason for withdrawal:

- ₁ Ineligible at screening visit
- ₂ Ineligible at baseline visit
- ₃ No longer willing to follow the protocol/interested in participating
- ₄ Lost to follow-up
- ₅ Participant has personal constraints
- ₆ Deceased
- ₉₈ Other

Specify: _____

1b. Did the participant request any specimen(s) to be disposed or autoclaved? (Check N/A for screening or baseline visits.)

₁ Yes ₀ No ₉₉ N/A

If **YES in Question #1b**, which specimens did the participant want disposed?

- | | | | |
|------|-------------|---|--|
| i. | Serum | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| ii. | DNA samples | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| iii. | Urine | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| iv. | Nails | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |

1c. Last clinic or phone visit participant completed prior to premature withdrawal:

___ ___ (Visit Number)

2. Date of the last completed visit:

___/___/___
MM DD YYYY

Comments: _____