

Withdrawal Form

Study ID	Baby DOB	Today's Date
A Z	M M / Y Y Y Y	D D / M M / Y Y Y Y

1. Date of Withdrawal

D	D	/	M	M	/	Y	Y	Y	Y
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2. Nature of Withdrawal (please select one only)

- Intolerance to medication
- Withdrawal of consent for treatment by the parent(s)/guardian(s)
- Any alteration in the infant's condition which justifies the discontinuation of the treatment in the Investigator's opinion
- Non-compliance

3. Extent of Withdrawal

Level of withdrawal (please tick all that apply)

- Withdrawal of trial treatment
- Withdrawal from samples
- Withdrawal from follow-up assessments
- Withdrawal of consent to all the above

Full data withdrawal

- Withdrawal from use of data already collected

Completed by (Initials)

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4. Comments

Name of person completing this CRF:	<input type="text"/>
Role:	<input type="text"/>
Date of completion:	<input type="text"/> D D / M M / Y Y Y Y
Signature:	<input type="text"/>