

**PROSTATE WITHDRAWAL FORM**

**Study Number**

RQ□□□□□-□

**Patient Initials**

□□□□

**Date of Birth (dd/mm/yyyy)**

□□/□□/□□□□

**Date completed (dd/mm/yyyy)**

□□/□□/□□□□

**Name + Signature of Person completing the CRF** \_\_\_\_\_

**Date of withdrawal (dd/mm/yyyy)**

□□/□□/□□□□

**Current status**

- 1=Alive without disease recurrence  
 2=Alive with disease recurrence  
 3=Alive with second cancer  
 4=Non-cancer related death  
 5=Prostate cancer death  
 6=Other cancer related death  
 7=Death, unknown cause  
 9=Not known

**If deceased: Death due to treatment toxicity?**

- 0=No  
 1=Yes, please specify toxicity \_\_\_\_\_  
 9=Not known

**Reason for withdrawal**

- 1=Did not wish to continue with study  
 2=Change of address (lost to follow up)  
 3=Change of treatment regimen  
 4=Disease progression / recurrence  
 5=Death  
 6=Other

**If other, please specify**

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