

ANIMATE

Trial Number **A N M** -

Patient Initials

Lost to Follow Up Form

Please specify patient's status:

Lost to Follow Up
Please complete Sections A & C

Withdrawn consent
Please complete Sections B & C

A: Lost to Follow Up

Date the patient was last known to be alive (DD/MM/YYYY)

Reason patient was lost to follow up

Moved Away

Emigrated

Lost Contact

Other (specify reason)

B: Withdrawn Consent

Date patient withdrew consent (DD/MM/YYYY)

Please specify for which aspects of the trial the patient has withdrawn consent (even though they cannot be personally identified in any results or publications i.e. anonymity will be preserved):

1. Trial Follow Up

Patient has withdrawn from all future follow up visits and investigations mandated by the trial protocol. Outcome data will continue to be collected unless indicated below.

Yes

No

2. Future Data Collection: Hospital Notes/GP

Patient has withdrawn consent for collection of any further data from hospital notes or their GP.

Yes

No

3. Future Data Collection: NHS / Trial Registries

Patient has withdrawn consent for collection of information about their future health status from NHS Digital/ national health registries.

Yes

No

4. Biological Samples

Patient has withdrawn consent for any previously collected tissue/blood samples to be used in future research

Yes

No

C: Contact Details

If available, please provide contact details of patient's GP or referral hospital to assist with collection of data regarding patient's future health status (only if patient has consented, and has not withdrawn such consent)

Contact Name:

Contact's Role (GP, Nurse etc):

Contact Address:

Completed by:

CRFs should only be completed by appropriately qualified personnel detailed on the site delegation log

Signature:

Date completed:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional instructions for completing forms

Lost to Follow Up Form

The Lost to Follow Up Form should be completed when:

- A patient is in the follow up stage of treatment and it is not possible to record the follow up information.
- A patient has withdrawn consent to one or more of the activities listed in section B.

The form should not be completed if a patient is withdrawn from trial treatment, but remains in follow up for the trial.

Completing the form

- This form should be submitted as necessary within one month of the patient being lost to follow up.
- If the patient is lost to Follow Up complete section A and C
- If the patient has withdrawn consent complete sections B and C

Specific Fields

- *Section B*
 - *Date patient withdrew consent*– If the patient has withdrawn consent enter the date consent has been withdrawn
 - *1. Trial Follow Up*– If the patient withdraws from all future scans and visits tick Yes
 - *2. Future Data Collection: Hospital Notes/ GP*– If the patient withdraws consent for further data collection from notes or from their GP tick Yes
 - *3. Future Data Collection: NHS Information Service*– If the patient withdraws consent for collection of information about their future health tick Yes

If you have any questions about how to complete this form please contact the **ANIMATE Trial Coordinator on:
020 7679 9860**