

Lost to Follow Up Form (1/1)Please specify patient's status: (1=Lost to Follow Up, 2=Withdrawn Consent)**NB: do not complete if patient has chosen to stop trial treatment but remains in follow up****A: Lost to Follow Up**Date the patient was last known to be alive (dd/mm/yyyy) **B: Consent for Trial Withdrawn**Date consent withdrawn (dd/mm/yyyy) **Outstanding data must be submitted to the CTC for any trial activity that took place prior to the date consent was withdrawn.****Please specify for which aspects of the trial the patient has withdrawn consent.****1. Annual Survival Follow Up**

Patient has withdrawn consent for any future follow up data to be sent.

 (1=Yes, 2=No)**2. Biological Samples**

Patient withdraws consent for any previously collected tissue/blood samples to be used in

 (1=Yes, 2=No)**Completed
by:****Signature:****Date
completed:**d d m m y y y y