

A Phase II Single Arm Study of the use of R-CODOX-M/IVAC in the treatment of DLBCL or BL

Patient initials		Date of birth		Centre	
Sex	1=M, 2=F	NHS number		Trial Number	
Consultant					

Please send completed form to Haematology Trials, UCL CTC, 90 Tottenham Court Road, London W1T 4TJ. For queries please call 0207 679 9860.

Withdrawal Form (Page 1 of 1)

Section A: Withdrawal from Treatment

Reason treatment not completed:

	0=No 1=Yes	Date of withdrawal
Patient refusal	<input type="checkbox"/>	/ /
Clinician's decision	<input type="checkbox"/>	/ /
Adverse Event	<input type="checkbox"/>	/ /
Disease progression	<input type="checkbox"/>	/ /
Other	<input type="checkbox"/>	/ /
(please specify 'other')		

Patients who fail to complete treatment should continue to be followed up as per the protocol schedule, unless they have withdrawn consent for the trial and no longer want to be followed up.

If consent has been withdrawn, please complete section B below.

Section B:

Has the patient withdrawn consent for the trial? 0=No, 1=Yes

Form completed by: _____	Date of completion: _____
Signature: _____	