

Site Number:
Date of Visit:
Person Completing Form:

Participant ID:
Participant Letters:

Complete this form for two circumstances:

- (1) An active participant withdraws or
- (2) A participant who was withdrawn decides to become reactivated in the study

Withdrawn status is declared when a participant is unwilling, or unable, to continue making future follow-up visits. Complete this form for every change of status that occurs. For example, if a participant becomes withdrawn and then reactivates at a later date, two separate forms should be completed.

A. STATUS CHANGE INFORMATION

1. Date change in status became effective:

___/___/___
DAY MONTH YEAR

2. Change in status that has occurred (*check one*):

- An active participant withdraws (proceed to **Section B**)
- A participant who was withdrawn decides to become reactivated in the study (proceed to **Section C**)

B. PARTICIPANT WITHDRAWING FROM THE STUDY

1. Date of withdrawal:

___/___/___
DAY MONTH YEAR

2. Record the primary reason for withdrawal (*select one*):

- Adverse event¹
- Death^{1,2}
- Pregnancy^{1,3}
- Withdrawn consent
- Lost to follow-up
- Ineligible
- Other

a. If OTHER, specify: _____

3. Is the participant still willing to be contacted?

- Yes
- No
- Unknown

¹An Adverse Event Report Form **must** be completed. ²A Mortality Event Form **must** be completed. ³A Pregnancy Confirmation Form **must** be completed. This is a temporary change in status if the woman agrees to continue in the study after delivery.

C. REACTIVATION OF PREVIOUSLY WITHDRAWN PARTICIPANT

1. Date of reactivation:

___/___/___
DAY MONTH YEAR