

HALT-C Trial

Cognitive Effects Withdrawal Form

Form # 155 Version A: 06/15/2000 (Rev. 07/03/2002)

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

_____ - _____ - ____

A2. Patient initials: _____

A3. Visit Number: _____

A4. Date form completed: MM / DD / YYYY ____ / ____ / _____

A5. Initials of person completing form: _____

SECTION B: WITHDRAWAL INFORMATION

B1. Date of withdrawal: (MM/DD/YYYY) ____ / ____ / _____

B2. Primary reason for withdrawing from the Cognitive Effects Study: (CIRCLE ONE REASON)

Patient withdrew consent for this study.....1 (B3)

Patient is no longer at UMICH or USC.....2 (B3)

Language barrier.....3 (B3)

Other.....99

If other, then specify: _____

B3. Additional Comments

