Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail niddk-cr@imsweb.com. Include the Web site and filename in your message.

ICDB

Interstitial Cystitis Data Base

Patient Withdrawal Form

Patient ID: ___ ___ ___ ___ ___ ___

Date of last Clinic Visit or Phone Interview: ___ ___ / ___ ___ / ___ ___
month *day* *year*

Reason for Withdrawal from Database:

- ☐$_0$ On-hold or deferred
- ☐$_1$ Lost to follow-up
- ☐$_2$ No longer interested in participating
- ☐$_3$ Health problem not related to urinary problems
- ☐$_4$ Symptoms improved
- ☐ Other *(Please specify)*: _____

_____

_____

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WITH