

Withdrawal

Withdrawal details

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| 1. Date of withdrawal * |
| yyyy-mm-dd |
| 2. Why was the infant withdrawn? * |
| <input type="radio"/> Clinical decision <input type="radio"/> Parental wish <input type="radio"/> Other |
| Please give further information |
| 3. Can we continue to collect clinical data from the mother's notes? * |
| <input type="radio"/> Yes <input type="radio"/> No |
| 4. Can we continue to collect clinical data from the infant's notes? * |
| <input type="radio"/> Yes <input type="radio"/> No |
| 5. Have the parent(s) agreed that we can collect data from national information databases such as Hospital Episode Statistics (HES) from hospital discharge up to one year of age, corrected for prematurity? * |
| <i>This will not require any direct contact with the participant</i> <input type="radio"/> Yes <input type="radio"/> No |
| 6. Would the parent(s) like to receive the results at the end of the study? |
| <input type="radio"/> Yes <input type="radio"/> No |

Notes

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| Please add any additional comments here |
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