Ontario Biologics Research Initiative: Safety and Effectiveness Study



| Site Number: | Patient Number: | Patient Initials: |
|---|---|--|
| | Withdrawal Notific | cation Form |
| Date of Last Visit:/_ | / (dd/mm/yyyy) | |
| | Reason for Early V | Withdrawal |
| 1. □ Withdrew consent, ch | neck all that apply; | |
| Coordinator at the Withdrew consective Withdrew consective Withdrew consective Withdrew consective Withdrew consective Activity, Withdrew consective Withdrew consective Activity, | he University Health Network nt to be contacted by the teleph nt to have personal health inforter Clinical Evaluative Science nt to be contacted about future nt to be contacted, by study team to allow University Health N to the home address nt to have information containe | studies related to this project m, by email, regarding study related issues fetwork to mail a report, outlining the changes in |
| | | |
| Comments: | | |
| | nt Name: | |