



SPIROMICS-HF STUDY WITHDRAWAL FORM

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: HFW
VERSION: 1.0 1/21/2020

Event: _____

0a) Date of Collection / /

0b) Staff Code

Instructions: This form should be completed when the participant withdraws from the SPIROMICS Heart Failure Ancillary Study.

1) Did the participant complete the Echo testing?

No₀

Yes₁

2) Did the participant complete the MRI?

No₀

Yes₁

3) Date of SPIROMICS-HF withdrawal? / /

4) What was the reason the participant withdrew from SPIROMICS-HF?

Participant no longer wishes to participate; withdrawal of consent₁

Participant is too sick to participate₂

Participant lost to follow-up₃

Participant deceased₄

Other₅

5) Describe reason for study withdrawal in detail: _____

6) What are the participant's wishes regarding SPIROMICS Heart Failure data?

No change; keep all data collected₁

Remove all data collected₂

Note: If the participant wishes to also withdraw from the main SPIROMICS II study (Visit 5 and FU phone calls), please complete the RSW form.

END OF FORM