

BOSS Withdrawal from Allocated Group Form

Site:	Investigator:
Trial number: BS	Date of Birth: dd _mm/yyyy
Gender: male / female <i>(delete as appropriate)</i>	

Date of exit	dd _mm/yyyy
<i>Tick all that apply</i>	The patient is happy for Health & Social Care Information Centres Data Linkage Service or Information Service Division (ISD) data to be obtained Yes / No
	The BOSS Trial Office may continue to collect data from any future endoscopies, that the local hospital team carry out Yes / No
	If reason given, please give details:
	- No reason given
	- Loss of capacity – please give details
	- No longer fit for Endoscopy – please give details
	- Other Clinical decision – please give details
	- No longer resident in UK
	- Move to area where participation no longer possible
	- Lost to follow-up
- Death – please give primary cause	
Date of Death: dd / mm / yyyy	

Form completed by:

Name:	Signature:	Date:
Job title:		

**Following completion of this form please e mail to the BOSS Trial Office
and post a copy to the participant's GP**