

# Form 6: Discontinuation of Intervention



### Use this form:

When a parent or clinician has decided to stop lactoferrin or placebo permanently

Infant's surname: \_\_\_\_\_

Infant's first name: *(enter unknown if applicable)* \_\_\_\_\_

Hospital: \_\_\_\_\_

Infant's date of birth:   /   /

## Section A: Discontinuation details

A.1 Name of hospital: \_\_\_\_\_

A.2 Date of permanent discontinuation of intervention:   /   /

A.3 Why was the intervention discontinued or data collection discontinued?

Clinical decision

Parental wish

Other

**If Other**, please give any further information \_\_\_\_\_

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A.4 Have the parents agreed that the data already collected can be used? Yes  No

A.5 Have the parents agreed that we can continue to collect clinical data until this infant is discharged from hospital? Yes  No

### Section B: Confirmation of discontinuation

Name of PI or delegated deputy: \_\_\_\_\_

Date:   /   /   Signature: \_\_\_\_\_

### Section C: Form details

#### Details of person completing form




Name: \_\_\_\_\_

Role: \_\_\_\_\_

Date:   /   /   Signature: \_\_\_\_\_

**When this form has been completed**  
Please return to the ELFIN Coordinating Centre using the FREEPOST envelope provided

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