



# Form 6: Discontinuation of Intervention

## Use this form:

When a parent or clinician has decided to stop the allocated milk feed increase permanently

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

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

**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

**A.4 Please describe the issue and give any further information**

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SIFT study number:

A.5 Have the parents agreed that the data already collected can be used? Yes  No

A.6 Have the parents agreed that we can continue to collect clinical data until this infant is discharged from hospital? Yes  No

A.7 Have the parents agreed that we can collect 2 year follow-up data? 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 SIFT Coordinating Centre using the FREEPOST envelope provided

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