

Mega-ROX ID:

**Mega-ROX: The Mega Randomized Registry Trial Comparing
Conservative vs. Liberal OXYgenation Targets**

WITHDRAWAL OF PARTICIPATION FORM

As the Participant/Decision Maker for the Participant, I request the withdrawal of (*name of Participant*) _____ from the Mega-ROX study at Dr Ziauddin Group of Hospitals and confirm the following:

Please select all that apply:

I (<i>or my relative</i>) do not wish to be contacted to receive the results once the study is complete.	●
I (<i>or my relative</i>) do not wish to be contacted for any follow-up activities, including the phone call at Day 90.	●
I (or my relative) do not wish to take part in any further study-related activities, including data collection and contact from the study team. <i>This does not automatically remove data collected before this withdrawal, please select the option below if you wish to withdraw past data as well.</i>	●
I (or my relative) do not consent to the use of any data collected about me/my relative prior to withdrawal.	●

I understand that such withdrawal will not affect the participant's routine treatment, relationship with those treating them or their relationship with Dr Ziauddin Group of Hospitals.

Participant/

Decision Maker name:

If decision maker, relationship to participant:

Signature:

Date:

Name of person

Discussing withdrawal:

Signature:

Date:

**Name of principal
investigator:**

Signature:

Date: