

# Subarachnoid Haemorrhage In Emergency Departments (SHED)

IRAS: 253791,  
 Opt-Out Log Version 0.2  
 Trainee Emergency Research Network

Hospital Sticker or fill out name, DoB, Hospital number	Name	Date of Birth	Hospital Number	PIS Number Without this patient data cannot be entered to REDCAP	Date of opt-out	Method of opt out (please tick)	Has any data been entered on the REDCap database? (please tick)	Q 1.1 Principal Investigator sign-off  I can confirm this data has now been deleted from REDCAP	Q 1.2 Principal Investigator sign-off  I can confirm no further data will be collected for this recruit
		--/--/--		001	--/--/--	Informed reception Staff <input type="checkbox"/> Informed doctor or nurse <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/>	Yes <input type="checkbox"/> Go to Q 1.1  No <input type="checkbox"/> Go to Q 1.2	Yes <input type="checkbox"/>  No <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>
		--/--/--			--/--/--	Informed reception Staff <input type="checkbox"/> Informed doctor or nurse <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/>	Yes <input type="checkbox"/> Go to Q 1.1  No <input type="checkbox"/> Go to Q 1.2	Yes <input type="checkbox"/>  No <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>
		--/--/--			--/--/--	Informed reception Staff <input type="checkbox"/> Informed doctor or nurse <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/>	Yes <input type="checkbox"/> Go to Q 1.1  No <input type="checkbox"/> Go to Q 1.2	Yes <input type="checkbox"/>  No <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>
		--/--/--			--/--/--	Informed reception Staff <input type="checkbox"/> Informed doctor or nurse <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/>	Yes <input type="checkbox"/> Go to Q 1.1  No <input type="checkbox"/> Go to Q 1.2	Yes <input type="checkbox"/>  No <input type="checkbox"/>	Yes <input type="checkbox"/>  No <input type="checkbox"/>