

Study Title:

Protocol Number:

Sponsor:

Principal Investigator:

Site:

I hereby WITHDRAW my consent to participate in the research project named above and understand that withdrawal will not prejudice any of my current or future treatment.

Delete whichever of the following that is not applicable:

- I do not want any further involvement or follow up in regard to this research project.

OR

- I agree to be involved for follow up only until the end of the research project.

Participant's name (printed)

Signature

Date

Acknowledged by:

Principal Investigator's name

Signature

Date