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## WITHDRAWAL FORM

Version 2.4 27th July 2020

Local Lead Investigator: [local\_lead\_investigator\_name]

Chief Investigator: Dr JK Baillie, University of Edinburgh

[affix\_barcode]

### **This document gives you details of how to withdraw from the GenOMICC study.**

- Please read it carefully. To withdraw from the study, please fill in the form that follows.
- You can also use this form to withdraw your child from the study. You do not have to be taking part yourself to withdraw your child. You can only withdraw one child using this form. Please use a separate form for each child you want to withdraw.
- You do not have to give a reason for your decision. Please ask your clinical team if you have any questions about withdrawing from the study.
- Withdrawing from this study will not affect your participation in any other research study you are part of.
- We will begin acting on your wishes as soon as we have received and processed this form.

### **There are two options if you want to withdraw.**

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#### OPTION 1 – PARTIAL WITHDRAWAL

**GenOMICC study researchers will no longer contact you.**

- Any samples already collected can still be used as part of the study.
- We will continue to use information from your health and other records for use in approved research.

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#### OPTION 2 – FULL WITHDRAWAL

**You or your child will no longer be a participant in the GenOMICC study.**

**GenOMICC study researchers will no longer:**

- Contact you or your child;
- We will not update information from your health and other records or;
- Allow research access to any samples including DNA (we will destroy these).

Even if you choose option 2 – **full withdrawal**, it is not possible to:

- Remove your data or samples from research that is underway or has already been done (any leftover sample is destroyed after research is completed); or
- Remove all record of you from our databases. We need to keep an audit record to say that you or your child were once part of the study and then withdrew.



## WITHDRAWAL FORM

**I HAVE READ AND UNDERSTOOD THE WITHDRAWAL INFORMATION.**

<b>Initial</b> here to show you agree.	
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### FOR ADULT PARTICIPANTS

**I want to withdraw from the GenOMICC study.**

**Initial** your choice.

i. Option 1 – Partial withdrawal	
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ii. Option 2 – Full withdrawal	
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You:

<b>Your full name (BLOCK CAPITALS):</b>	
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<b>Signature:</b>	
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<b>Date:</b>	(DD/MM/YY)
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**PARENT ON BEHALF OF YOUR CHILD:**

**I want to withdraw my child from the study.**

**Initial your choice.**

i. Option 1 – Partial withdrawal	
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ii. Option 2 – Full withdrawal	
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**You:**

<b>Your child's full name (BLOCK CAPITALS):</b>	
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<b>Your relationship to the child:</b>	
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<b>Your name:</b>	
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<b>Your signature:</b>	
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<b>Date:</b>	(DD/MM/YY)
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When you have filled in this form:

- 1 (the original) will be kept in your GenOMICC study records.
- You will keep a copy.
- The GenOMICC study team will keep a copy.



**For completion by GenOMICC research staff only**

<b>Person receiving this form:</b>	
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<b>Signature:</b>	
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<b>Date:</b>	(DD/MM/YY)
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<b>Name of interpreter if used (BLOCK CAPITALS):</b>	
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<b>Signature:</b>	
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<b>Date:</b>	(DD/MM/YY)
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<b>GCC Number:</b>	
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<b>Insert local contact details here</b>
<b>Phone number:</b>
<b>Email address:</b>
<b>Hospital address:</b>