

First name	NHS number (or postcode if not known)									
Last name	Date of birth									
	d	d	m	m	y	y	y	y		

04-NGIS-WIT (v4.00)

Withdrawal from the National Genomic Research Library

You, or your child, would like to withdraw from the National Genomic Research Library.

This document gives you details on the types of withdrawal available to you. Feel free to ask any questions before recording your decision overleaf.

Please read the following statements:

1. You can withdraw from the National Genomic Research Library at any time
2. You don't have to give us a reason for your decision
3. Withdrawal will not affect your participation in any other research you are currently taking part in
4. Complete one form per person wishing to withdraw (children under 16 require a parent / guardian to sign)
5. Your withdrawal will be processed as soon as Genomics England have received this form
6. There are two withdrawal options available to you:

Option One – Partial Withdrawal (i.e. no further contact)

- Genomics England will no longer contact you about research or any updates about Genomics England.
- Your information will continue to be made available for research in the National Genomic Research Library.
- Genomics England will continue to use any data and samples already collected, and continue to collect new information available in your health records in the future.
- If your data is used in research which produces information relevant to your, or your family's healthcare, this will be passed to your healthcare professional for consideration.

Option Two – Full Withdrawal (i.e. no further contact or use of samples and data)

- Genomics England will no longer contact you about research.
- Your existing data will remain in the National Genomic Research Library history but will not be made available for new research; this means if your data is being used in a study in progress, it will continue to be used for this purpose only until the study is completed.
- No further data about you will be collected or stored.
- All existing samples (including DNA, blood and saliva) will be destroyed.
- A minimum amount of information will be retained for auditing purposes; your first name, surname, date of birth, address and contact details are some examples.
- If your data has already been used in research which produces information relevant to your, or your family's healthcare, this will be passed to your healthcare professional for consideration.

If at any point you feel you need more information, please visit www.genomicsengland.co.uk or contact your healthcare professional.

Once completed, please hand the form to your healthcare professional, email:

ge-servicedesk@genomicsengland.co.uk or post to:

Genomics England

21st Floor
One Canada Square
London E14 5AB

Please ask any questions before taking the decisions shown on the following page.



04-NGIS-WIT (v3.02)

First name	NHS number (or postcode if not known)																				
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
Last name	Date of birth																				
<table border="1"> <tr> <td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>/</td><td>y</td><td>y</td><td>/</td><td>y</td><td>y</td> </tr> </table>		d	d	/	m	m	/	y	y	/	y	y	/	y	y						
d	d	/	m	m	/	y	y	/	y	y	/	y	y								

Confirmation of decision to withdraw:

I confirm that I have: Had the opportunity to read and understand the information about withdrawing from the National Genomic Research Library, get further information and ask questions. My withdrawal choice is indicated below.

I would like to	Partially Withdraw	Fully Withdraw	my / my child's data and samples from the National Genomic Research Library
	<input type="checkbox"/>	<input type="checkbox"/>	

Patient name	Signature	Date														
.....	<table border="1"> <tr> <td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>/</td><td>y</td><td>y</td><td>/</td><td>y</td><td>y</td> </tr> </table>	d	d	/	m	m	/	y	y	/	y	y	/	y	y
d	d	/	m	m	/	y	y	/	y	y	/	y	y			

If you are signing this form on behalf of someone else (children, adults without capacity or deceased patients) then please sign below.

Parent Guardian Consultee name*	Signature	Date														
<i>*please amend as appropriate</i>	<table border="1"> <tr> <td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>/</td><td>y</td><td>y</td><td>/</td><td>y</td><td>y</td> </tr> </table>	d	d	/	m	m	/	y	y	/	y	y	/	y	y
d	d	/	m	m	/	y	y	/	y	y	/	y	y			

Healthcare professional use only

To be completed by the healthcare professional recording the participant's decision.

Healthcare professional name	Signature	Date														
Withdrawal recorded remotely, <input type="checkbox"/> no signature required	<table border="1"> <tr> <td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>/</td><td>y</td><td>y</td><td>/</td><td>y</td><td>y</td> </tr> </table>	d	d	/	m	m	/	y	y	/	y	y	/	y	y
d	d	/	m	m	/	y	y	/	y	y	/	y	y			