

Patient Name:

MRN:

WITHDRAWAL OF INFORMED CONSENT CHECKLIST

1. Research patient decided to (**choose only one option**):

- Yes, follow-up.** Withdraw consent to continue study treatment. Patient agrees to continue as a study participant for follow-up visits and allow study-related tests to be completed that will continue to be used for research purposes.
- No contact, continue records collection.** Withdraw consent to continue study treatment and patient does not want to participate in future follow up visits or tests to be completed for research purposes. Patient agrees to continue as a study participant by allowing information collected from medical records to be used for research purposes.
- No contact, stop new records collection.** Withdraw consent to participate in any component of this research study. Patient agrees that information that has already been obtained will remain as part of the research record, but no additional information will be added to the research record.
 - If requested, patient provided written revocation of HIPAA Authorization.
- Non-treatment study, continue records collection:** Patient withdraws consent to continue as a participant in this research study and does not want to be contacted for follow up. Patient agrees to continue to allow information collected from his/her medical records to be used for research purposes.
- Not applicable.** Patient decided to withdraw from study prior to beginning study treatment. No form of follow-up will be completed.

2. For tissue and blood samples, research patient decided to (**choose only one option**):

- Yes to storing sample.** Patient agrees that tissue and/or blood samples collected as part of the study may continue to be stored for future research purposes (check with protocol to ensure that the retention of sample is optional).
- Destroy sample.** Tissue and/or blood samples collected as part of the study may not be stored for future research purposes. Patient requests that they be destroyed at the facility where they are presently being stored. Patient understands that samples that have already been used cannot be withdrawn.
- Not applicable.** No tissue or blood samples have been collected to be stored for future research purposes.

3. Patient agrees to continue to receive updates regarding the outcome of the study.

- Yes
- No

4. Reason for withdrawal:

Clinical Research Coordinator:

Name

Signature

Date

Principal/Sub Investigator:

Name

Signature

Date