**DOCUMENTATION OF PARTICIPANT WITHDRAWAL**

**(to be completed by study team)**

Study: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Withdrawal discussion occurred: in person, OR by telephone

Main ICF Version # and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional ICF Version # and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional ICF N/A

Reason for Withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason not stated

**Suggested options that can be presented to the participant at the time they express a desire to withdraw from the study – please check which is applicable:**

\_\_\_\_\_ Participant does not want to continue the study treatment and will not allow more tests to be completed at follow-up visits for research purposes. Participant also does not want any further medical information to be used for this research. *[Confirm with participant 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.]*

\_\_\_\_\_ Participant wishes to withdraw consent to continue the study treatment only. *[Confirm with participant that follow-up visits and tests will be completed and used for research purposes*.]

\_\_\_\_\_ Participant wishes to withdraw consent to continue the study treatment and will not allow more tests to be completed for research purposes. However, *(check as applicable):*

* Participant agrees to continue as a study participant by allowing information from their medical records to be collected in the future for research purposes
* Participant agrees to continue as a study participant by allowing the study team to contact their primary care physician for research-related information.
* Participant agrees to continue as a study participant by allowing the study team to contact participant’s family/caregiver for research-related information.

**Biological SAMPLES:** (per check-box on MAIN ICF)

Please check participant’s choice

\_\_\_\_\_ Not Applicable – No biological samples have been collected.

\_\_\_\_\_ Biological samples collected as part of the study may continue to be stored and used for future research purposes.

\_\_\_\_\_ Biological samples collected as part of the study may not be stored for future research purposes, and participant requests that they be returned from and/or destroyed at the facility where they are presently being stored. No further analysis will be undertaken. *[Confirm with participant that they understand that samples that have already been used cannot be withdrawn.]*

**OPTIONAL RESEARCH**

\_\_\_\_\_Not applicable – optional research not consented to

\_\_\_\_\_Participant wishes to withdraw from all optional research

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Print Name of Study Member Signature of Study Member Date