

Kansas City Clinical Oncology Program

Notice of Intent to Withdraw Consent from Study

I, _____, wish to withdraw from participation in the clinical trial identified below because _____.
I understand that my relationship with my physician will not be compromised by my study withdrawal.

I will further express my intentions below. (Check one below.)

_____ I wish no further protocol treatment or procedures, but I am willing to continue to allow my data to be collected and submitted for study purposes. I understand that my withdrawal from the clinical trial will end my active participation in all study required activities, except for (if none write "none") _____.

_____ I do not wish to be contacted now or in the future for any reason related to the study from which I am withdrawing, except when information becomes available from the study which may be relevant to my health.

_____ I do not wish to be contacted now or in the future for any reason related to the study from which I am withdrawing.

I further understand that if I previously consented to allow specimens to be submitted for research purposes that my specimens may continue to be used, unless I provide separate notice, in writing as described in the release section of the consent for the study I previously signed.

Study number: _____ Participant number: _____

Printed Participant Name: _____

Participant Signature: _____

Date: _____

Printed Name of Witness: _____

Signature of Witness: _____

Date: _____

Approval Date: <u>11/19/12</u> to <u>11/18/13</u> Assurance #: FWA00003582
