**FORM for WITHDRAWAL of PARTICIPATION**

**Title**

**Project Number**

**Principal Investigator**

**Location** King Edward Memorial Hospital

**Declaration by Participant**

I wish to withdraw myself / my child from participation in the above research project and understand that such withdrawal will not affect my routine treatment, my relationship with those treating me or my relationship with the hospital.

 Yes No

I consent to the use of my de-identified data, already collected, for

the purposes of this research project;

I would like any identifiable data, already collected, to be deleted Yes No

or destroyed.

**Name of Participant (please print) --------------------------------------------------------------------------**

**Signature ------------------------------------------------------------------Date -----------------------------------**

**Declaration by Study Researcher**

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the participant has understood that explanation

**Name of Study Researcher (Please print) ---------------------------------------------**

**Signature--------------------------------------------------------------------------Date -------------------------**