





STUDY NAME: RITA-Ireland Vasculitis (RIV) Registry and Biobank

PARTICIPANT STUDY WITHDRAWAL FORM

Site:	University Hospital Galway
Principal Investigator (PI):	Prof Matthew Griffin
Participant Study ID	

I wish to withdraw from the RITA-Ireland Vasculitis (RIV) Registry and Biobank with immediate effect. The withdrawal options have been discussed with me and I would like to withdraw as indicated below:

withdrawal options have been discussed	ed with me and I would like to withdraw as indicate	ed below:
Please <u>Initial only one box</u> . Please feel free to ask questions if the	ere is something you do not understand.	
stop collecting any further data or	Registry and Biobank will no longer contact you an samples from you. The Registry will stop colled The Registry and Biobank will still have your permind samples collected up until this date.	ecting
or collecting additional information or to date will no longer be available to Biobank will be destroyed (although it have been distributed). Any data that t It will not be possible to remove your	lition to the RIV Registry and Biobank not contacting samples, any information or samples collected from researchers. Any samples held by the RIV Registry may not be possible to trace and destroy all samples the RIV Registry and Biobank holds on you will be deled at a from results that have already been analysed. Form will be kept as an indication of your wishes.	n you y and s that eted.
Participant Name (printed)	Signature	Date
Witness Name (printed) If applicable	Signature	Date
	have taken the time to fully explain to the a vill happen to samples and data. I have invi- v that concerned them.	•
Investigator Name (printed)	Signature	Date







We are constantly trying to improve the experiences we give participants and would appreciate if you would outline the reasons for your withdrawal in the box below. You do not need to complete this section if you do not wish.

Reasons for withdrawal:			