



## STUDY NAME: Rare Kidney Disease (RKD) Registry and Biobank

### PARTICIPANT STUDY WITHDRAWAL FORM

Site:	
Principal Investigator (PI):	
Participant Study ID	

I wish to withdraw from the Rare Kidney Disease (RKD) Registry and Biobank with immediate effect. The withdrawal options have been discussed with me and I would like to withdraw as indicated below:

<p><b>Please <u>Initial only one box.</u></b> <b>Please feel free to ask questions if there is something you do not understand.</b></p>	
<p><b>No further access:</b> This means that RKD Biobank and Registry will no longer contact you and will stop collecting any further data or samples from you. The Registry will stop collecting information from your health records. The Registry and Biobank will still have your permission to use, store and share information and samples collected up until this date.</p>	
<p><b>No further use:</b> This means that in addition to the RKD Biobank and Registry not contacting you or collecting additional information or samples, any information or samples collected from you to date will no longer be available to researchers. Any samples held by the RKD Biobank and Registry will be destroyed (although it may not be possible to trace and destroy all samples that have been distributed). Any data that the RKD Biobank and Registry holds on you will be deleted. It will not be possible to remove your data from results that have already been analysed. Your Consent Form and Study Withdrawal Form will be kept as an indication of your wishes.</p>	

Participant Name (printed)	Signature	Date
Witness Name (printed) <i>If applicable</i>	Signature	Date

I confirm that I, the undersigned, have taken the time to fully explain to the above patient the withdrawal procedure and what will happen to samples and data. I have invited them to ask questions on any aspect of the study that concerned them.

Investigator Name (printed)	Signature	Date
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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: