



## WITHDRAWAL FORM

**UKHR ID Number:** □□-□□-□□□□

**Title of Project:** United Kingdom Histiocytosis Registry (UKHR)

**Please circle an answer to agree/disagree:**

1. I have decided to withdraw from the above study. YES/NO

Concerning the use of my data:

2. I give permission for my data to be used for research on histiocytosis YES/NO

Or

Please destroy all my data from the registry. YES/NO

Concerning the use of my samples:

3. I give permission for my samples to be used for research on histiocytosis . YES/NO

Or

Please destroy all my unused samples from the registry . YES/NO

Concerning being contacted for future research or clinical trials:

4. I am willing to be contacted for future research studies or clinical trials on histiocytosis . YES/NO

Or

I do not want to be contacted for future research studies or clinical trials on histiocytosis. YES/NO

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Name of person recording participant preference

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

When completed: 1 for patient; 1 for researcher site file; 1 (original) to be kept in medical notes