

LIMITED PARTICIPATION/WITHDRAWAL OF CONSENT TO CONTINUE IN A RESEARCH STUDY

IRB # _____

Study Name: _____

Principal Investigator: _____

Continued participation in this research study is voluntary. By choosing to withdraw from or limit further participation in this study your current or future relationships with your health care providers, study doctor, or this health care facility will not be affected. There will be no penalty or loss of benefits to which you are otherwise entitled if you decide to discontinue or limit your participation.

Withdrawal of Consent

You or your legally authorized representative can withdraw you from this study. This can be done by either using this form or by talking to the study doctor or a member of the study team about your decision to withdraw. Doing so indicates that you withdraw your consent to participate in any part of the study. If you withdraw consent no further information or data will be collected and no further research procedures or tests will be done. You and family members will no longer be contacted by the research staff. Any information or data collected to the point of your withdrawal will remain part of the study and may be used for study purposes. Public record searches may still be conducted as permitted by law.

I withdraw my consent to participate in any part of this study

Limited Participation

You may elect to continue study participation in a limited manner. Please make one choice from the three options below:

- I agree to continue as a study subject for study visits only. No additional study related tests or procedures will be done.
- I agree to continue as a study subject by allowing current and/or future information to be collected from my medical records as it relates to this study only. This includes hospital, emergency rooms, urgent care facilities and any physician I have seen or will see during the remainder of the study. I will not be contacted by the research staff.
- I agree to continue limited participation as a study subject by allowing the study team to contact me, or my family/caregiver for study-related information. My future medical records will not be obtained or reviewed by the research staff.

BIOLOGICAL SPECIMEN WITHDRAWAL OF CONSENT

For studies in which samples or specimens of your blood, urine or other tissues were collected you may choose to allow continued use or withdrawal/destruction of those samples. Please make one choice from the options below:

- Blood, urine or other tissues collected as part of the study **may** continue to be used for this study and/or stored for future research purposes according to my original consent
- Blood, urine and other tissue samples collected as part of the study **may not** be stored or used for future research purposes. I request that all identifiable samples be destroyed at the facility where they are presently being stored. I understand that samples that may have already been used or can no longer be identified cannot be destroyed.

 Signature of Participant or Legally Authorized Representative Printed Name Date/Time

 Signature of Person Obtaining Consent Printed Name Date

If this consent form is read to the participant because the participant is unable to read the form, an impartial witness not affiliated with the research or investigator must be present for the consent and sign the following statement:

I confirm that the information in the form and any other written information was accurately explained to, and apparently understood, by the participant. The participant freely consented to participate in and/or withdraw from the research study as indicated by their marked choices.

 Printed Name of Impartial Witness Signature Date

Note: This signature block cannot be used for translations into another language. A translated consent form is necessary for enrolling subjects who do not speak English.