

Consent Withdrawal Waiver for Clinical Trials

This form is for participants who wish to withdraw their consent from the clinical trial.

Please complete and sign below. Leaving fields empty is allowed for blank sample purposes.

Participant Name:

Date of Birth:

Study/Trial Title:

Study ID/Reference:

Principal Investigator:

Consent Withdrawal Statement

By signing below, I voluntarily withdraw my consent to participate in the above clinical trial. I understand that my decision will not affect my future medical care and that I may be contacted regarding study safety if necessary.

I acknowledge that any data collected prior to this withdrawal may still be used as described in the trial documentation and ethical requirements.

Participant Signature:

Date:

Witness Signature:

Date:
