

Form for Withdrawal of Consent

Short Title	ADTB
Full Name of Project	Australian Donation and Transplantation Biobank
Principal Investigator	Dr Claire Gordon
Site Name	Austin Health

You can withdraw your consent for the use of loved one’s information and samples by ADTB by completing this form. Please contact ADTB Investigator, Dr Claire Gordon, at 03 9496 6676 or adtb@austin.org.au, if you would like to discuss your decision or ask questions.

Withdrawal Agreement
<p>By signing this withdrawal form, I acknowledge that:</p> <ul style="list-style-type: none"> • I wish to withdraw consent for the use of loved one’s information and samples by ADTB . • I have had an opportunity to ask questions and I am satisfied with the answers I have received. • I request the removal and disposal of any information or samples collected from my loved one currently held by the ADTB. • I acknowledge that it may not be possible to remove information or samples where these have already been used in research, shared with other researchers, or published. • I acknowledge that if samples or data have been de-identified in a way that cannot be reversed, withdrawal may not be possible for those items.

Declaration by Senior Available Next of Kin (SANOK)

<p>Name of loved one: _____</p> <p>Name of Senior Available Next of Kin (SANOK): _____</p> <p>Relationship of Senior Available Next of Kin (SANOK) to loved one: _____</p> <p>Signature of Senior Available Next of Kin (SANOK): _____ Date: _____</p>
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Person conducting the withdrawal discussion

I have given a verbal explanation of the implications of withdrawal from the project and I believe that the Senior Available Next of Kin (SANOK) for the loved one has understood that explanation.

<p>Name: _____</p> <p>Signature: _____ Date: _____</p>
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Each person must sign and personally date this withdrawal form