

Patient name, address, Date of Birth (or ID label)

Study Number:

The GENVASC Study GENETICS AND THE VASCULAR HEALTH CHECK PROGRAMME

WITHDRAWAL FORM

If you would like to withdraw from participation in the GENVASC project, you can return this form to the NIHR Cardiovascular BRU, or contact them on the details given in the project leaflet.

If you would like to discuss the reason for your withdrawal, we would be very pleased to talk with you and a senior member of the study team can be contacted through the Leicester Cardiovascular BRU on 0116 2583385.

To proceed with withdrawing from the project please select ONE of the options below and sign beneath.

Please withdraw me from further involvement in the project. I am happy for you to use the samples and data you have already collected.

Please withdraw me from further involvement in the project. I would like you to destroy the samples you currently hold from me (where they are identifiable) and remove my data from the database.

Please make sure your name, address and date of birth are clear in the box above so we can take the appropriate action to withdraw you from the project.

Patient Name: _____ (Print Name)

Signature: _____

Date: _____ (dd/mm/yyyy)

To withdraw, return this form to:

Leicester Cardiovascular Biomedical Research Unit.
FREEPOST RSLR-SBBY-SSYK
Department of Cardiovascular Sciences, Clinical Science Wing.
Glenfield Hospital, Groby Road. Leicester. LE3 9QP. UK
Telephone Number: 0116 2583385 // email: genvasc@le.ac.uk

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