# Withdrawal (no further contact)

# Title of project: INFORM Study

**Chief Investigator/s: Professor Simon Griffin**

Please take time to carefully read this form if you want to withdraw your consent for further participation in the study and contact by the INFORM studyteam. If you agree to the statements below please sign and return the form to:

INFORMStudy

University of Cambridge,

Department of Public Health and Primary Care,

Wort’s Causeway,

Cambridge

CB1 8RN

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**I withdraw my consent for further participation in the INFORM study. I understand that:**

* a record of my signed consent and withdrawal and any further communications with the INFORMteam will be kept as a record of my wishes;
* archived samples derived from my blood and collected during the INFORM study may be used in future research
* information obtained until the date of withdrawal will remain on the research database and will be used for future research
* withdrawal does not extend to other studies that I have consented to at the University of Cambridge

First Name and Surname Date of Birth Date today Signature

**For further information about the INFORM study, please call free of charge on**

**0800 021 7182 or email (helpdesk@informstudy.org.uk) or look at the project website (www.informstudy.org.uk)**