**Harrisburg University of Science and Technology**

**Institutional Review Board**

**PARTICIPANT WITHDRAWAL**

**or CHANGE TO BIOSPECIMEN CONSENT FORM**

**Please forward this form, filled out and signed either physically or electronically, to** [**IRB@HarrisburgU.edu**](mailto:IRB@HarrisburgU.edu) **if a participant withdraws from the study or wishes specimen consent changes.**

IRB File No. Click or tap here to enter text.

Original IRB approval date: Click or tap to enter a date.

Project Title: Click or tap here to enter text.

Participant ID or Name: Click or tap here to enter text.

**Participant Withdrawal Reason(s) (select all that apply):**

Participant has withdrawn consent for **further participation in the study** due to:

Side Effects of the Interaction or Intervention

Changes in Condition

Costs of study participation

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant has withdrawn consent to collect **future** information to be used in this research.

Participant has withdrawn from study but **will allow collection** of future information

(e.g., long term follow-up) to be used in this research.

**Biospecimen consent changes**

Participant withdraws consent to any **further specimen collection**.

Participant withdraws but consents that **specimen** previously collected may still be used in future studies as indicated below.

Participant is **continuing participation** in biological specimen collection but wishes to change the uses of these specimens as indicated below:

Previously (and future if applicable) collected specimens may be used for research studies in which the patient chose to participate.

Previously (and future if applicable) collected specimens can be used for other research studies about cancer.

Previously (and future if applicable) collected specimens can be used for research about other diseases.

Someone representing the study sponsor may contact the participant to ask them to take part in more research.

Participant requested their specimens be destroyed if provided in the study.

Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_