

## Withdrawal Form

I hereby withdraw my consent for participation in  
The Australian Cerebral Palsy Biobank

Please select from the following withdrawal options (tick one box only)

- **No further contact** 

The biobank will no longer contact you directly, but still has your permission to retain and use information and samples previously provided, and to obtain and use further information from your health records or other sources.
- **No further access** 

The biobank will no longer contact you or obtain further information from your health records or other sources, but still has your permission to use previously provided information and samples.
- **No further use** 

The biobank will no longer contact you, or obtain any further information about you. In addition, the biobank will destroy your remaining samples (although it may not be possible to trace all distributed sample remnants). Your signed consent and withdrawal will be kept as a record of your wishes. Such withdrawal will prevent information about you from contributing to further analyses. However, it is not possible to remove your data from analyses that have already been complete or to withdraw your de-identified DNA samples or data from use or publication where they have already been passed onto another (third party) researcher for use in an ethically approved project or already been published.

Full Name of Individual: ..... Date of Birth: .....

Signature: ..... Dated: .....