Hematology Cell Bank of BC

Request to Withdraw Consent from the Following Project:

"Collection and Tissue Banking of Blood, Bone Marrow Material, Peripheral Blood Stem Cells or Leukapheresis Product and Collection of Clinical Data from Persons with Hematologic Malignancies or other Hematologic Disorders (and from Persons with Normal Blood, Bone Marrow Material and/or Peripheral Blood Stem Cells) for Research on the Development and Treatment of Blood Diseases"

Please Note Withdrawal of Consent as follows:

I _____do not wish to have any further samples or clinical information collected as part of the research project above.

_____ _____ _____

Printed Name ***Signature*** ***Date***

***Date of birth*_____**

I _____wish to have all samples of blood, bone marrow material, peripheral blood stem cells and/or leukapheresis product remaining in storage (collected for the project listed above) destroyed.

I understand that my decision to withdraw from this research project will result in no further samples or clinical data being collected and my wish to have my current samples in storage destroyed will be respected. My decision to withdraw from this project will in no way result in any penalty nor will it affect my future medical care.

_____ _____ _____

Printed Name ***Signature*** ***Date***

_____

Date of Birth (DD/MMM/YYYY)