**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** **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[ ]  Participant has withdrawn consent for **further participation in the study** due to: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[ ]  Participant has withdrawn consent to collect **future** information to be used in this research.

[ ]  Participant has withdrawn from study but **will allow collection** of future information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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_