

# Withdrawal of study consent

## WITHDRAWAL OF CONSENT

Date of withdrawal:

\_\_\_\_\_  
(DD-MM-YYYY)

Do you wish to withdraw your consent to participate in the entire study or parts of the study?

- ☐ Complete withdrawal  
☐ Partial withdrawal

Please state from which part(s) of the study you would like to withdraw your consent:

Reason(s) for withdrawing consent:

The participant is not obliged to give a reason, therefore if no reason is given type "none given"

Participant signature:

\_\_\_\_\_

## STAFF MEMBER CONDUCTING STUDY WITHDRAWAL PROCESS

Staff Member Name:

\_\_\_\_\_  
(Full name)

Staff member designation

\_\_\_\_\_

Staff Member Signature:

\_\_\_\_\_

Withdrawal - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards