**Donor Withdrawal Application**

After careful consideration, I hereby decide to withdraw from the donation.

The biobank will return all my samples within 20 working days.

I understand that withdrawing my donation will not affect any medical treatment or rights I am entitled to, nor does it exempt me from any financial obligations or responsibilities.

Signature of Patient/Legal Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Managing Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_