

Consent Withdrawal Form - EpiNet-First Trial

*(This form should be signed if a participant in one of the EpiNet first trials wishes to **withdraw completely** from the study; it does **not** need to be completed if a patient decides to stop the drug to which they had been assigned. If patients are agreeable, they should still be followed in the trial even if they discontinue the assigned drug, or start a different drug.)*

I

would like to withdraw myself / my child (delete one) from the **EpiNet-First** trial.

I want no further information to be collected about me / my child in the **EpiNet** database.

Signature

Date

Witnessed by

Signature

Please record the EpiNet Trial Number here

Please complete the on-line withdrawal form in the **EpiNet** database.

Please file this form in the patient's **EpiNet** folder