





For of Study		Cohort ID: BREAST = B / NHL = I	N / OVARIAN (incl. peritoneal & fallopian tube) = O CERVICAL = C / ENDOMETRIAL = E / VULVAL	
	al Research Office: Tel: 023 80 nvestigator: Professor Claire F	59 6885		
	WITHDRAN	WAL FORM FOR PA	RTICIPANTS	
	of project: HORIZONS stud ment on everyday life	y: Understanding th	e impact of cancer diagnosis a	and
ead t f you	he options for withdrawing fro	om the study describe of these options. We	asked to withdraw from the studed below. Ask a member of the stude will retain your signed consent a .	udy team
			Please put your initials in	ONE box
	Option 1 - No further contact: we would no longer send you questionnaires, but would still have your permission to retain and use information provided so far, and to continue to access your medical records;			
Or	Option 2 – No further access: we would no longer send you questionnaires or access your medical records in the future, but we would still have your permission to retain and use information provided so far;			
Or	Option 3 – No further use: we would no longer contact you or access your medical records in the future, and information collected previously would no longer be available to researchers. We would only hold your information for our regulators' use. Such a withdrawal would prevent your information from contributing to further analyses, but it will not prove possible to remove your data from analyses that have already been done.			
Print Name		Date	Signature	
Researcher Name		Date	Signature	_

(Copy to coordinating centre, copy to patient, copy to notes, and copy to Investigator Site File)