



- 1 University of Kentucky A.B. Chandler Hospital
- 1 UK HealthCare Good Samaritan Hospital
- 1 UK HealthCare Ambulatory Services
- 1 UK Dental and Oral Health Clinics

BIOBANK WITHDRAWAL OF PARTICIPATION

Development of a Biobank and Research Registry at the University of Kentucky
 Withdrawal of Participation

I am withdrawing my authorization to participate in the *Biobank and Research Registry at the University of Kentucky*.

As written in the informed consent that I signed, I understand that:

- 1 No new bio-specimens will be taken.
- 1 Any bio-specimen(s) that are in the bio-bank will be destroyed.
- 1 Bio-specimens that have already been provided to researchers cannot be recovered.

Name of Person to Whom the Withdrawal applies

Date of Birth for Whom the Withdrawal Applies

Printed Name of Person Requesting Withdrawal

Signature of Person Requesting Withdrawal

Date

FOR CCTS ONLY

Consent Date: _____

Medical Record #: _____

Name of person who verified the removal of authorization from the data management system:

Date data management systems updated: _____

BIO-BANK STORAGE FACILITY ONLY

Are there unused samples in storage: Yes _____ No _____

Name of person who removed unused samples from storage: _____

Date samples were destroyed: _____ **(Attach destruction receipt)**