

HORIZONS

For office use only: (use the yellow part for Cohort ID: BREAST = B / NHL = N / OVARIAN (incl. peritoneal & fallopian tube) = O /

Study ID / /
Pt Initial Site ID Consecutive Study number

CERVICAL = C / ENDOMETRIAL = E)

Central Research Office: Tel: 023 8059 6885
Chief Investigator: Professor Claire Foster

WITHDRAWAL FORM FOR PARTICIPANTS

Title of project: HORIZONS study: Understanding the impact of cancer diagnosis and treatment on everyday life

You have been provided with this form because you have asked to withdraw from the study. Please read the options for withdrawing from the study described below. Ask a member of the study team if you have any questions about any of these options. We will retain your signed consent and withdrawal form for our regulators to look at if necessary.

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)