



Office of Research Administration

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PI Name
PI Address
PI Phone #

Title of Study

Dear **PI name**:

I wish to discontinue my participation in the research study noted above. I understand that health information already collected will continue to be used as discussed in the Consent Form/Authorization I signed when joining the study.

At this point, in addition to ending participation, I would like to (please choose one of the following options):

Withdraw from the Study & Revoke Authorization:

- Revoke my authorization for the use and disclosure of future information.
(In rare instances, the research team may need to use your information even after you revoke your authorization, for example, to notify you of any safety concerns.)

Withdraw from Study, but Continue Authorization:

- Allow the research team to continue collecting information from my medical record.
(This would be done only as needed to support the goals of the study and would not be used for purposes other than those already discussed.)

Optional:

I am ending my participation in this study because: _____

I understand that I will receive confirmation of this notice.

Signature of Participant

Date