

First name	NHS number (or postcode if not known)							
Last name	Date of birth							
	d	d	m	m	y	y	y	y

## Withdrawal From The National Genomic Research Library

This form gives you details on the types of withdrawal available. Feel free to ask any questions before making a choice.

One form is required for each person withdrawing. All of the statements below remain relevant even if you are withdrawing someone else, for example your child.

### Please read the following statements

1. You can withdraw from the National Genomic Research Library at any time
2. You don't have to give us a reason for your decision
3. Withdrawal will not affect your participation in any other research you are currently taking part in
4. Complete one form per person wishing to withdraw (children under 16 require a parent / guardian to sign)
5. Your withdrawal will be processed as soon as Genomics England have received this form
6. There are two withdrawal options available to you:

### **Option One – Partial Withdrawal (i.e. no further contact)**

- Genomics England will no longer contact you about research.
- Your information will continue to be made available for research in the National Genomic Research Library.
- Genomics England will continue to use any data and samples already collected, and any information from your health records in the future.

### **Option Two – Full Withdrawal (i.e. no further contact or use of samples and data)**

- Genomics England will no longer contact you about research.
- Your existing data will remain in the National Genomic Research Library but will not be made available for new research; this means if your data has already been used in a study, it will continue to be used for this purpose only.
- No further data about you will be collected or stored.
- All existing samples (including DNA) will be destroyed.
- A minimum amount of information will be retained for auditing purposes; your first name, surname, date of birth, address and contact details are some examples.
- If your data has already been used in research which produces information relevant to your healthcare, this will be passed to your healthcare professional for consideration.

If at any point you feel you need more information, please visit [www.genomicsengland.co.uk](http://www.genomicsengland.co.uk) or contact your healthcare professional.

**Once completed, please hand the form to your healthcare professional, or post to**

Genomics England  
Queen Mary University of London,  
Dawson Hall,  
London,  
EC1M 6BQ

**Please ask any questions before taking the decisions shown on the following page.**

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## Confirmation of Decision to Withdraw

I confirm that I have: Had the opportunity to read and understand the information about withdrawing from the National Genomic Research Library, get further information and ask questions. My withdrawal choice is **circled** below

I would like to  Partially Withdraw  Fully Withdraw my data and samples from the National Genomic Research Library

Patient name	Signature	Date
.....	.....	d d / m m / y y y y

If you are signing this form on behalf of someone else (children, adults without capacity or deceased patients) then please sign below

Parent   Guardian   Consultee name*	Signature	Date
<i>*please amend as appropriate</i> .....	.....	d d / m m / y y y y

### Healthcare Professional use only

To be completed by the healthcare professional recording the patient's choices

Healthcare professional name	Signature	Date
.....	.....	d d / m m / y y y y