

Vanuatu Health Research Withdrawal from Study Form

Ministry of Health, 2021

Name of participant

Title of Research Study

"I formally wish to **withdraw** my consent to participate in the research proposal described above and understand that such withdrawal **will not** jeopardise any treatment or my relationship with the health services involved in the research project."

Please clearly indicate preferences for any samples collected during the course of your participation with the research proposal.

- ☐ Any stored biological material should be discarded immediately
- ☐ Left-over biological material can be stored and used throughout the remainder of the project and discarded once completed
- ☐ Left-over biological material can be stored and used in future research only if it involves the same research subject as this current study

Date

Participant Signature

If illiterate, allow for a thumb print

Signature of parent or guardian (if under-age or very ill)