



BC Children's Hospital BioBank Revocation / Withdrawal Form

Request to Revoke Consent or Withdraw Consent from the BC Children's Hospital BioBank

I do not wish to have any further biological samples or clinical data collected as a part of the BioBanking initiative named above. I understand that any analyses gathered from the research of my samples and medical information *prior* to this notification will not be destroyed.

My decision to revoke my consent or withdraw from the BC Children's Hospital BioBank (herein referred to as the "BioBank") will, in no way, result in any penalty and will not affect my future medical care.

Please indicate by initialing in the box below whether you are revoking your consent or withdrawing your consent to participate in the BioBank.

REVOKE of CONSENT	
	By placing my initials to the left, I am indicating that I wish to revoke my consent and that all samples collected until this point will be destroyed and all existing medical information in the BioBank database will be removed. I would like my name, date of birth and PHN to stay in the BioBank database as I do not wish to be contacted again about the BioBank.
	By placing my initials to the left, I am indicating that I wish to revoke my consent and that all samples collected until this point will be destroyed and all existing medical information in the BioBank database will be removed. I understand that by having all data and personal identifiers removed there is a possibility that the BioBank will contact me again.
WITHDRAWAL of CONSENT	
	By placing my initials to the left, I am indicating that I wish to withdraw my consent and that samples and medical information collected up until this point may be kept in the BioBank for future research purposes, but no further samples or medical information will be obtained.

Name of BCCHB member of staff
Signature of BCCHB member of staff
Date

Affix BCCHB code number below: