

INSTRUCTIONS: Complete this form for each consented Biorepository subject who wishes to withdraw from the Biorepository portion of the SVR Extension Study.

Section A: KEY IDENTIFYING INFORMATION

- A1. Study Identification Number _____ - _____ - _____ - _____
- A2. Study Visit GENETICS VISIT77
- A3. Person who is withdrawing STUDY SUBJECT0
MOTHER1
FATHER2
- A4. Date of form completion _____ / _____ / _____
M M D D Y Y Y Y
- A5. Name of person completing form _____
PRINT FULL NAME INITIALS _____

Section B: BIOREPOSITORY SAMPLES

- B1. Date of withdrawal _____ / _____ / _____
M M D D Y Y Y Y
- B2. How many samples have been sent to the biorepository? _____ samples (0-2) **If 0, skip to Z1.**
- a. Sample #1: Blinded ID Number _____ - _____ - _____ - _____ - _____
- b. Sample #2: Blinded ID Number _____ - _____ - _____ - _____ - _____
- If more than 2 samples, please photocopy the page.**
- B3. What type of withdrawal has the subject requested? REMOVE SAMPLES FROM THE BIOREPOSITORY1
REMOVE BLINDED ID NUMBERS FROM THE SAMPLES2

Section Z: TIME TO COMPLETE FORM

- Z1. How long did it take to complete this form? _____ minutes

END OF FORM

If the study subject is withdrawing from the Extension Study also, please complete form R202.