



## APR Withdrawal Form

Study Title	Australasian Paediatric Endocrine Group Patient Registry (APR)
Principal Investigators	Coordinating PI: A/Prof Andrew Biggin; Sydney Children's Hospital Network; The University of Sydney
	Gosford Hospital PI: Dr Richard McGee; Central Coast LHD
Main Study Contact	Dr Richard McGee; T: 02 4348 4129 E: richard.mcgee@health.nsw.gov.au

### Declaration by Parent/Guardian

#### Option 1

☐

I wish to remove all identifying information concerning the child (names, contact details) from the APR. I understand that **de-identified** information from the child will remain in the registry.

#### Option 2

☐

I wish to withdraw **ALL** of the child's data from the APR. I understand that such withdrawal will not affect their routine treatment, relationship with those treating them or relationship with **Gosford Hospital**.

Name of Child (please print): \_\_\_\_\_

Signature of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent / Guardian (please print): \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: All parties must date their own signature.**

### Office Use Only

*In the event that the decision to withdraw data is communicated verbally, the staff member will need to provide an explanation of the circumstances below.*

### Declaration by Study Doctor/Senior Researcher<sup>†</sup>

+

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the parent/guardian of the participant has understood that explanation.

Name of site staff <sup>†</sup> (please print)	_____
Signature	_____ Date _____

<sup>†</sup> A member of staff must provide the explanation of, and information concerning, withdrawal from the research project.