



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
	Campbelltown Hospital PI: Dr Lisa Amato, Paediatric Endocrinologist, SWSLHD
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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 [site name].

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[†]

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 [†] (please print)	_____
Signature	_____ Date _____

[†] A member of staff must provide the explanation of, and information concerning, withdrawal from the research project.