

Study#

Case #

Institution

Institution No.

Participant's Initials

Participant's I.D. No.

INSTITUTION # / NAME _____

PROTOCOL # _____ CASE # _____

PATIENT ID _____

Please complete and have the institutional PI sign at the bottom.

_____ ***I NO LONGER WANT TO PARTICIPATE IN THIS STUDY.***

DATE: ____ - ____ - ____

WITNESSED BY: _____

DATE: ____ - ____ - ____

PLEASE HAVE THE PRINCIPAL INVESTIGATOR AT YOUR INSTITUTION SIGN AND DATE THE FORM PRIOR TO SENDING IT TO RTOG FOUNDATION AT: 50 SOUTH 16TH STREET; SUITE 2800; PHILADELPHIA, PENNSYLVANIA 19102-2506.

I confirm that this study participant has withdrawn their consent according to the required criteria listed below:

- The patient does not wish to have any future follow up data submitted to RTOG Foundation.
AND
- The patient does not wish to be contacted for the purposes of RTOG Foundation follow up.

Note - the consent form is to be signed by the institutional PI not the treating physician.

_____ Yes _____ No

INSTITUTIONAL PI: _____ DATE: ____ - ____ - ____