



**RTOG Foundation
Notification for Withdrawal of Consent**

Study#

Case #

Institution

Institution No.

Participant's Initials

Participant's I.D. No.

Research Associate and Principal Investigator

Instruct the patient to place a check mark and date in the applicable areas on the withdrawal consent form when the following criteria are met:

- 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.

Please note the following are not criteria for consent withdrawal:

- Off protocol treatment
- Unable to contact the patient
- The patient has moved
- The patient is unwilling to attend follow-up visits

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