Research Associate and Principal Investigator

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

- The patient does not wish to complete and submit any future Quality of Life forms to NRG Oncology.
  AND
- The patient does not wish to be contacted for the purposes of completing Quality of Life forms to submit to NRG Oncology.

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