

Form for Withdrawal of Participation - *Adult providing own consent*

Title National Endometriosis Clinical and Scientific
Trials (NECST) Network Registry

Short Title NECST Registry

Protocol Number 62508

Project Sponsor Jean Hailes for Women's Health

Coordinating Principal Investigator Professor Jason Abbott

Associate Investigator(s)

Location

Declaration by Participant

I wish to withdraw from participation in the above research project and understand that such withdrawal will not affect my routine treatment, my relationship with those treating me or my relationship with _____.

I wish to withdraw my consent for my baseline survey data being recorded in the Registry. I withdraw my consent to my clinician uploading details of my medical care and treatment to the Registry. I understand that data collected up until the withdrawal date may already be analysed and reported in de-identified statistical reports or approved research studies using data released from the Registry. Yes No

I withdraw my consent from receiving regular contact from the Registry and requests to complete further survey data collection and having these data recorded securely in the Registry. I understand these data up until the withdrawal date may be analysed and reported in de-identified statistical reports or approved research studies using data released from the Registry. Yes No

I withdraw my consent to my clinician providing details of any clinical specimens taken from me for biobanking in future, to the Registry, to enable researchers to invite me to participate in future approved endometriosis research projects where my specimen may be of use. Yes No

I withdraw my consent to the Registry providing my contact details securely and confidentially to approved researchers for the purpose of inviting me to participate in endometriosis related research studies. Yes No

I withdraw my consent to the Registry providing my data to researchers for use in future ethically and scientifically approved data linkage studies for the purpose of endometriosis related research. Yes No

I withdraw my consent to the Registry extracting my Medicare and PBS claims history from Services Australia. Yes No

*Note: Please complete the additional Services Australia Participant Consent Withdrawal form.

Name of Participant (please print) _____

Signature _____ Date _____

Study Doctor/Senior Researcher: If the participant withdraws verbally, please provide a description 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 participant has understood that explanation.

Name of Study Doctor/
Senior Researcher[†] (please print) _____

Signature _____ Date _____

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

Note: All parties signing the consent section must date their own signature.