

Blood and Marrow Transplant Clinical Trials Network

Withdrawal of Consent Form (WOC)

Web Version: 1.0; 2.00; 02-20-18

Complete all questions based on the type(s) of consent withdrawn. If the patient withdraws further consent, update the form as necessary.

1. Did the patient withdraw consent to all study procedures?(WOCSTP) 1 - Yes 2 - No
2. Date patient withdrew consent (WOCSTPDT) (mm/dd/yyyy)
3. Did the patient withdraw consent to receive investigational study drug?(WOCISD) 1 - Yes 2 - No
4. Date patient withdrew consent (WOCISDDT) (mm/dd/yyyy)
5. Did the patient withdraw consent to provide optional blood samples for future research or ancillary studies?(WOCFRB) 1 - Yes 2 - No 3 - Not Applicable
6. Date patient withdrew consent (WOCFRBDT) (mm/dd/yyyy)
7. Did the patient withdraw consent to provide optional bone marrow samples for future research or ancillary studies?(WOCFBM) 1 - Yes 2 - No 3 - Not Applicable
8. Date patient withdrew consent (WOCFBMDT) (mm/dd/yyyy)
9. Did the patient withdraw consent to provide data for the study?(WOCFDA) 1 - Yes 2 - No
10. Date patient withdrew consent (WOCFDA DT) (mm/dd/yyyy)
11. Did the patient withdraw consent to provide optional urine samples for research or ancillary studies?(WOCURSAM) 1 - Yes 2 - No 3 - Not Applicable
12. Date patient withdrew consent (WOCUSMDT) (mm/dd/yyyy)

Upload documentation of consent withdrawal with all PHI redacted. Contact the BMT CTN protocol coordinator with any questions.

Comments:(WOC COMM)