

***Mount Sinai Hospital Medical Center
of Chicago
Research Withdrawal Request Form***

Title of Research Study:

I, _____ previously agreed to participate in the research study named above, under the direction of _____ ***Principal Investigator.*** I understand that my withdrawal will not prejudice my future care.

Although I am no longer actively participating, I am willing to continue to be followed by the study investigator to allow subsequent clinical data collected from my medical records to be used for purposes of this project.

Research Subject's Signature

Date

Signature of Witness

Date

Note: If you are not willing to allow future clinical data to be used for the benefit of this project, please strike out the second paragraph.