

AUSTRALASIAN REGISTRY OF RARE AND GENETIC KIDNEY DISEASE (ARRK)

WITHDRAWAL OF CONSENT FORM

Title: The Australasian Registry of Rare and Genetic Kidney Disease

Short Title: ARRK

Protocol Number: HREC Protocol Number: HREC/15/SCHN/517

Project Sponsor: This research project is supported by an Enabling Grant from the Australian And New Zealand Society of Nephrology (ANZSN)

Coordinating Principal Investigator: Dr Hugh McCarthy

Principal Investigators: Professor Stephen Alexander, Dr Jeffery Fletcher, Dr Andrew Mallett, Dr Cathy Quinlan, and Dr Chirag Patel

Declaration by Participant

I have decided to WITHDRAW my consent to my/my child's data being provided to the above.

I understand that I do not have to give a reason for my decision.

I have spoken with _____ and my withdrawal from this study dates from the time of this communication.

I understand that such a withdrawal WILL NOT affect any treatment or my relationship with my kidney specialist and the kidney clinic I attend.

All my questions have been answered.

Name of Participant (please print):

Signature of Participant: _____ Date: _____

I have discussed the above points with the participant.

Name of Health Professional conducting withdrawal of consent discussion (please print):

Signature: _____ Date: _____

Under certain circumstances (see Note for Guidance on Good Clinical Practice CPMP/ICH/135/95 at 4.8.9) a witness to informed consent is required.*

Name of Witness* to Participant's Signature (please print):

Signature of Witness: _____ Date: _____

* The Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witnesses must be over 18 years of age.