

# NeuroScience in Psychiatry Network (NSPN) Withdrawal Form (Participant)

\* My name is \_\_\_\_\_

\* My date of birth is \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\* My postcode is \_\_\_\_\_

Mandatory fields are marked with a \*

### \* Please tick any that apply:

I wish to withdraw from the **U-Change study**. *This means that you will not be asked to participate further in U-Change, but may be invited to participate in other NSPN studies in the future.*

I wish to withdraw from the **NSPN panel**. *This means that you will not have any further contact about any current or future NSPN studies.*

Please delete my **personal data**. *We will delete any personal/identifiable data we have from you, such as your name, date of birth and contact details.*

Please delete my **research data**. *We will delete any non-identifiable data we have from you, such as questionnaires, assessment scores and genetic samples.*

**You do not have to answer this question**, but it would be useful if you could let us know why you have decided to withdraw from the research: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Thank you! Please send this form to FREEPOST NSPN.**

-----**FOR OFFICE USE ONLY**-----

Records updated

CI/PI/NSPN Team Member informed – Name: \_\_\_\_\_ Date informed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirm deletion of:  Personal data  Research data  N/A

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_