



National Liver Disease Biobank

(DBT-ILBS initiative for Research on Hepatitis C and Liver Diseases)

INSTITUTE OF LIVER & BILIARY SCIENCES

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CONSENT WITHDRAWAL FORM

Patient Name: _____ **Patient Date of Birth:** _____

Hospital Name: _____

1. If you decide to withdraw your consent for whatever reason, please indicate which consent you wish to withdraw by initialling the appropriate box/boxes below.
2. Withdrawing your consent will mean that your biosamples and/or clinical data will not be made available in the future to anyone wishing to carry out analyses/research studies.
3. Your tissue will be destroyed and where ever possible any related data accrued from your material will be removed.

A. Biosample(S)

I withdraw my consent for the use of my biosample(s) by the National Liver Disease Biobank for any research project taking place now or in the future, and where possible I wish for my genetic data to be removed from any database.

B. Access to clinical data and imaging studies

I withdraw my consent for access to my clinical notes and/or imaging for the purposes of research; they may only be kept for treatment or diagnostic purposes.

Reason for withdrawal of consent

Signature: _____

Date: _____