care. advocacy, resear

## Withdrawal Form

## I hereby withdraw my consent for participation in

The Australian Cerebral Palsy Biobank

| Please select from the following withdrawal options (tick one box only)  |  |
|--|--|
| No further contact   |  |
| The biobank will no longer contact you directly, but still has your permission to retain and use information and samples previously provided, and to obtain and use further information from your health records or other sources. |  |
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