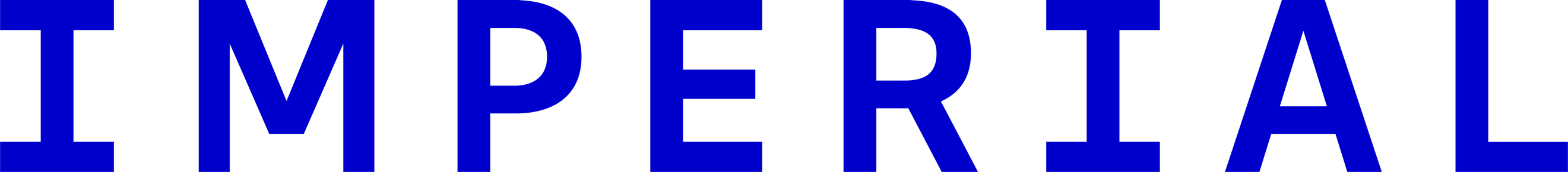
Department of Epidemiology & Biostatistics

School of Public Health

Imperial College London

White City campus

90 Wood Ln

London W12 0BZ

**Airwave Health Monitoring Study, Withdrawal Form**

### Principal Investigator: Professor Paul Elliott FMed Sci

To withdraw from the Study, please read carefully through the two questions below and initial in the relevant boxes. When you have completed the remainder of the form, please scan and email, or post to the address above. The Study Team (“we”) cannot process your withdrawal instruction until we receive your form. Your healthcare or legal rights will not be affected by withdrawing from the Study.

You can find out more about the use of participant data in research at the Health Research Authority website at <https://www.hra.nhs.uk/>. Please do not hesitate to contact a member of the research team at [airwave@imperial.ac.uk](mailto:airwave@imperial.ac.uk) if you have any queries.

***I confirm that I no longer want to take part in the Airwave Health Monitoring Study, as indicated by my initials in the box below (you only need to initial one box).***

|  |  |
| --- | --- |
| **(1) No Further Contact:** We will not contact you again. We may continue to use samples and information provided previously, and to obtain and use further information from your health records. |  |
|  |  |
| **(2)No Further Access:** We will not contact you again or obtain further information about you. We will anonymise your data by erasing all personally identifying information linked to your data. Personal Identifiers stored in secure archives may remain for the lifetime of the archive, but will not be used again. |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** |
| **May we retain any biological samples you provided to us?** |  |  |  |

Please complete your details below. We need this information to correctly identify your data and will only use this information for the purposes of withdrawal.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name |  | | |
| Email |  | | |
| Postcode |  | Date of Birth |  |
| Signed |  | Date |  |