

**Services Australia Parent/Guardian Withdrawal of Consent Form**

**The Economic and Personal Impacts of Genomic Testing in Pregnancy Study**

I wish to WITHDRAW consent to release my child’s [ name of child ] Services Australia information to the study effective from the date below. I request that the study handles the information they have collected about my child in the following way (choose one option):

DESTROY all information collected about my child to date so it can no longer be used for research

RETAIN all information collected about my child to date so it can continue to be used for research

I understand that:

1. no further information about my child will be collected for the study from the withdrawal date;
2. information about my child that has already been analysed and/or included in a publication by the study, may not be able to be destroyed; and
3. choosing to withdraw my child from the study will not affect my child’s access to Health Services or Government benefits.

Print first/second name, signature & date

|  |
| --- |
| First name |
| Second name |
| Signature |
| DD/MM/YYYY |

**This form should be forwarded by email to:[*insert PreGen email*] pregen@neura.edu.au. Alternatively, forms can be posted to: Prof Deborah Schofield, GenIMPACT, Level 4, 4 Eastern Rd, Macquarie University NSW 2109.**