

**Services Australia Participant Withdrawal of Consent Form**

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

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

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

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

I understand that:

1. no further information about me will be collected for the study from the withdrawal date;
2. information about me 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 information from the study will not affect my 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: pregen@neura.edu.au. Alternatively, forms can be posted to: Prof Deborah Schofield, GenIMPACT, Level 4, 4 Eastern Rd, Macquarie University NSW 2109.**