



Australian Government
Services Australia

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.**