

HEALTH SCIENCE ALLIANCE BIOBANK

**Prince of Wales Hospital, Prince of Wales Private Hospital,
the Royal Hospital for Women and St. George Hospital**

REVOCATION OF CONSENT

I hereby wish to **WITHDRAW** my consent to participate in the HSA Biobank described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with the Prince of Wales Hospital, Prince of Wales Private Hospital, the Royal Hospital for Women, St George Hospital or my medical attendants.

Signature of participant

Please PRINT name

Date

The section for Revocation of Consent should be forwarded to:

Lowy Biorepository Manager
Lower Ground Floor
Lowy Research Centre
University of NSW
Kensington NSW 2052

OR contact directly to withdraw consent:

biorepository@unsw.edu.au

02 9385 1493