

**WITHDRAWAL OF CONSENT FORM**

(TO BE USED BY PARTICIPANTS WHO WISH TO WITHDRAW FROM THE PROJECT.)

Full Project Title: Tissue donation after death to improve our understanding of the progression from primary stage cancer to metastatic disease; incorporating **C**Ancer ti**S**sue **C**ollection **A**fter **D**Eath (**C**ASCADE) and **B**Reast **O**ri**C**an **C**ancer tissue donated **A**fter **D**Eath (**B**ROCADE) programs

I hereby wish to WITHDRAW my consent and do not wish to donate tissue after death. All data and samples that have been collected as part of my participation in CASCADE/BROCADE will be destroyed. I understand that a record of my consent and my withdrawal of consent will remain stored on the project database.

I understand that such withdrawal WILL NOT jeopardise any treatment or my relationship with the Peter MacCallum Cancer Centre.

Participant's Name (printed) .....

Signature:.....

Date:        /        /

**Please return this form to the CASCADE and BROCADE Project:**

Research Division  
Peter MacCallum Cancer Centre  
Locked Bag #1  
A'Beckett Street  
Melbourne 8006

*Office use only:*  
Participant ID  
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