

WITHDRAWAL OF CONSENT FORM

PROJECT TITLE: Australian Longitudinal Study on Back and Neck Pain HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2023-027 PRINCIPAL INVESTIGATOR: Dr Rutger de Zoete

Note: This form is used only when a participant in the project 'Australian Longitudinal Study on Back and Neck Pain' wishes to withdraw their consent for this study.

- I withdraw my consent.
- Unless I indicate otherwise with the tick box below, all information, both personal and de-identified data, both electronically and hard-copy, will be retained and may be used for the data-analyses of this project.
- I understand that my personal information will remain confidential to the researchers. I confirm I
 understand that the results of this research will be published for research purposes but that my
 identity will never be revealed in any publication or report.
- □ The confidential data already collected prior to this withdrawal <u>may not be used</u> for the analyses of this project and <u>may not be used</u> for the publication of the results.
- □ I give consent for my contact details to be used for future research purposes, and for the researchers to use the data for secondary reasons unrelated to this research project.
- □ I wish to receive a summary of the results of this research at the completion of this project.

Print Name:	

Signature: _____ Date: _____