SJH CENTRE for LABORATORY MEDICINE & MOLECULAR PATHOLOGY					
Edition No.:	**1**	**Laboratory Form**		**Doc No:**	**LF-BNKHIST-0015**
Authorised By	**Fiona Kearney**	**Date**	**07/11/2025**	**Date of Issue: 11/11/2025**	

St James's Hospital Histopathology Biobank Withdrawal Form

Name of Health Research Biobank:	St James's Hospital Histopathology Biobank
Biobank Contact information:	Biobank Tel: 01 410 3336 Email: biobank@stjames.ie

I wish to withdraw from the Histopathology Biobank with immediate effect. The withdrawal options have been discussed with me and I would like to withdraw as indicated below:

Please tick only one box. **Please feel free to ask questions if there is something you do not understand.**		
No further use:	The samples you donated to the Histopathology Biobank can no longer be used for research and will be destroyed along with your data. (It will not be possible to trace and destroy all samples that have been distributed and to remove your data from results that have already been analysed.)	
No further access:	The Biobank will stop collecting any further data or samples from you or your health records. The Biobank will still have your permission to use, store and share information and samples collected up until this date.	

Details of the person requesting withdrawal from the Biobank

Full name		
Date of birth		
Home Address		
Signature		Signature not required ☐ Please tick box if form is completed by telephone request or by email as signature is not required -see Form Completion Record Below.
Date		

Your Consent Form and Study Withdrawal Form will be kept as an indication of your wishes.

(FOR COMPLETION BY HEALTHCARE PROFESSIONALS/BIOBANK STAFF ONLY)

Name and signature of recipient of the request for withdrawal from the Biobank (healthcare professional/biobank staff)

Name:_____ Signature: _____ Date: _____

Form Completion Record (please tick the box indicating the communication of the withdrawal request

Verbally – in person		Verbally – by telephone		In writing -by email		In writing -filling out form	

If the participant requests withdrawal from the biobank verbally, over the phone or by email, the recipient of the request can complete all of the form and the signature of the participant is N/A.