



A PROJECT OF THE BRITISH ASSOCIATION OF DERMATOLOGISTS

## PATIENT WITHDRAW FORM

### Title of Project: The UK-Irish Atopic eczema Systemic TherApy Register (A\*STAR)

We would like to thank you for the time you have given to this study. We understand that you do not want to participate any further in the study. Please be assured that this will not affect your standard of care in any way.

**Please initial the option that better describes what you wish to do:**

**Please initial box**

1. I do not want to continue completing patient questionnaires, but will continue in the study otherwise.
2. I no longer wish to actively continue in this study, but you may use my data already collected, review my future medical records and link to my data for long term follow up.
3. I no longer wish to actively continue in this study. You may use my data already collected **but** not review my future medical records or link to my data for long term follow up.
4. I wish to withdraw my consent from all parts of the study. I do not wish for my data from this study to be linked with other sources of healthcare data.

**Additionally, if you consented to participate in the bio-repository section, please initial the options that better describe what you wish to do (you may tick more than one):**

5. I do not wish to provide any further research skin or blood samples, **but** I allow for you to carry on with any analyses of the samples collected so far.
6. I do not wish for my samples to be stored in the tissue research bank for use in future studies.
7. I no longer wish to be contacted about future research.
8. I wish for **all** my samples to be destroyed.

