Mayo Clinic Biobank
Revocation of Authorization Form

To formally end your participation in the Mayo Clinic Biobank, please fill out the top portion of this form, select one of the levels of withdrawal and mail to the address provided at the bottom

Name (please print): _____
(first) *(middle)* *(last)*

Participant Signature: _____ Date: _____

Or check box ☐ if form was verbally reviewed with participant

_____ *Date:* _____
(Signature of Biobank Staff member who reviewed form)

Date of birth: _____

Mayo clinic number (if known):_____

Biobank ID (if known):_____

Levels of Withdrawal *(please select one)*

☐ I would like **no further contact** by the Mayo Clinic Biobank.
This means that the Mayo Clinic Biobank would no longer contact you directly, but would still have your permission to retain and use information and samples provided previously and to obtain and use further information from your health records.

☐ I would like **no further access** of my samples and information by the Mayo Clinic Biobank.
This means that the Mayo Clinic Biobank would no longer contact you or obtain further information from your health records in the future, but would still have your permission to use the information and samples provided previously.

☐ I would like **no further use** of my samples and information by the Mayo Clinic Biobank.
This means that, in addition to no longer contacting you or obtaining further information about you, any information and samples collected previously would no longer be available to researchers. Mayo Clinic Biobank would destroy your samples (although it will not be possible to trace samples already given out) and would only hold your information for archival audit purposes. Your signed consent and withdrawal would be kept as a record of your wishes. Such a withdrawal would prevent information about you from contributing to further analyses, but it would not be possible to remove your data from analyses that had already been done.

Mail to: Mayo Clinic Biobank
ATTN: Notice of Revocation of Authorization
Harwick 6
200 1st Street SW
Rochester, MN 55905