Williams Syndrome Patient & Clinical Research Registry Withdrawal Form

Please fill out this form and fax or mail it back to us to withdraw a WSPCR Registry Participant.

Only the family member or legal guardian who enrolled the Registry participant into the study may withdraw the Registry participant. If the person who enrolled the Registry participant is unavailable and you would like to withdraw enrollment on their behalf, please contact the Registry and we will assist you. Type or print clearly for fastest processing.

Registry Participant’s Name: ______________________________________________________

By signing below,
I confirm that I would like to withdraw ____________________ from the WSPCR Registry, beginning now.

I understand that this withdrawal means that my family member’s / legal dependent’s health and development information will be removed from the Registry database and that this information will not be shared with any additional researchers after this form is received and processed. I also understand that information that has already been shared cannot be reclaimed.

I understand that the Registry will keep my name and my family member’s / legal dependent’s name in a private file for record-keeping purposes, but that all health and development information will be destroyed. I understand that withdrawing my family member / legal dependent’s information from the WSPCR Registry will not change my access to or quality of health care in any way.

Signature: ___________________________ Date: _______________

Printed Name: ____________________________________________

Your Email or Home Address: __________________________________

Your Telephone Number: _________________________________

MAIL completed form to: -OR- FAX completed form to: (617) 724-1911
Massachusetts General Hospital
Attn: Withdrawal
175 Cambridge Street, Room 502
Boston, MA
02114

If you would like, please use the space below to tell us why you would like to withdraw the Registry participant’s information.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________