

GP WITHDRAWAL OF CONSENT FORM

Online Insomnia Treatment in Australian General Practice

I wish to WITHDRAW my participation in the study effective from the date below. I request that the study handles the information they have collected from in the following way (choose one option):

- ☐ DESTROY all information collected from me to date so it can no longer be used for research
- ☐ RETAIN all information collected from me so it can continue to be used for research

I understand that:

1. no further information from me will be collected for the study from the withdrawal date;
2. information that has been collected from me that has already been analysed and/or included in a publication by the study, may not be able to be destroyed; and
3. choosing to withdraw from the study will not affect my access to the Doctors Control Panel in the future.

.....

Signature

.....

Date

.....

Please print full name

This form should be forwarded by email to: alexander.sweetman@flinders.edu.au.

Alternatively, forms can be posted to:

Dr Alexander Sweetman
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Flinders University,
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