

**Participant Information Statement and Consent (PISCF) Data Banking Form
for the Health Insight Pilot Study**

Form for Withdrawal of data from the Health Insight Pilot Study

I wish to **WITHDRAW** the data from the databank listed above and understand that such withdrawal **WILL NOT** affect my relationship with the Sax Institute, Bupa or the Bupa Health Foundation.

Digital Signature All fields required

Name of Participant Please type															
Study ID See invitation email	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>														
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Please submit your signed form to Chief Investigator Professor Emily Banks:

By email:
healthinsightstudy@saxinstitute.org.au

By post:
The Health Insight Pilot Study
GPO Box 5289
Sydney NSW 2001

Or telephone the Study team on 1300 16 34 26