

TouchDose Opt Out Form

To be used to remove data relating to a specific child from the TouchDose study. More information on the study can be found at

<http://stmarys.touchdose.uk>

I wish to exclude data relating to the child detailed below from the **TouchDose study** at St Mary's Hospital, London. Any information that has already been collected relating to the child should be identified and must not be used for research purposes.

Child's name: _____

Child's Date of Birth: _____

Name of Parent or Legal Guardian: _____

Signed by Parent or Guardian: _____

Date: _____

Please hand this form to your nurse. We may need to contact you if any key information is missing or unclear.

Note to nurse - this form must be given to the TouchDose research nurse. If you have any doubt about who this is, please contact touchdose@helixcentre.com.

Thank you.