Withdrawal of Consent Form

To the Director of The University of Tokyo Health Service Center,

Research project "Study on SARS-CoV-2 Antibody Titer Measurement in Human Serum and Utilization of the Results". (Review Number: 20-22)

Although I had agreed to participate in the above research following the explanations given concerning participating in the research according to the explanatory document, after further consideration I would like to withdraw my agreement to be a participant in this study.

I withdraw my consent to participate in this study. (please ☑ ☐YES (I withdraw my agreement)	any)
□NO (I do not wish to withdraw my agreement to be a participant of this study)	
About Handling of samples, information, etc. following the withdrawal of consent (please ☑ any)	
flaterials (samples) provided by the time of withdrawal of consent	
☐ May continue to be used in the research, but please discard it at the end of t storage period.	he
☐Please dispose everything immediately	
I withdraw the consent that my information collected for the study will be kept	for a
long time as important resource to implement new study in future. (Please $\ensuremath{\mbox{\overline{A}}}$	any)
☐I withdraw my consent for long-term retention.	
(Dispose everything immediately after the end of the retention period)	
\Box I do not withdraw my consent for long-term retention.	
(I am only withdrawing my consent to participate in the study, and not my	
consent to the long-term storage of samples, information, etc.)	
Date (day/month/	year)
Signature (of participant)	
Name (of participant)	
Only for those under 20 years old: Consent from the guardian is req	uired.
Guardian's Signature	