

45 and Up Study Withdrawal Form



Use this form if you wish to completely withdraw from the 45 and Up Study. You will no longer be contacted and your health will no longer be followed.

This request will apply from the time you notify us because it is not possible to withdraw information already used for research or publication.


Fields marked with an asterisk (*) are required. The additional information requested will help ensure we update your record correctly.

45 and Up Study: Withdrawal

Study Number

First Name *

Surname *

DOB * 

Address

Phone *

Email Address

Reason

Captcha validation * 

Please enter the indicated text to confirm you are a person. It is not case sensitive. If required, click the reload button to generate a new option.

Submit Print