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[ATHENA COVID-19 STUDY Data linkage study of outcomes in patients with COVID-19 in Queensland.](#)

[Withdrawal of Consent Form – Adult for Future Unspecified Non-Interventional Coronavirus Related Research.](#)

[Purpose of this document](#)

This document should be used if:

- 1) you previously verbally consented to/or signed the *Participant Information and Consent Form for Future Unspecified Non-Interventional Coronavirus or Related Research. The ATHENA COVID-19 STUDY: Data Linkage study of outcomes in patients with COVID-19 in Queensland.* By signing that form you provided consent for authorised researchers to use your health information and your laboratory/pathology samples for future unspecified research approved by a Human Research Ethics Committee and related to the Coronavirus.
- 2) you now wish to withdraw that consent.

[Research Projects that will not be affected by this document](#)

Your withdrawal of consent via this document will not affect the use of your health information or samples:

- a) in research projects for which you have provided consent via a means other than the *Participant Information Consent Form for Future Unspecified Non-Interventional Coronavirus or Related Research.* For example, consent you have provided for your information to be used in a different research project. You will need to contact the Health Service or Researcher that obtained your consent to discuss your participation in that project.
- b) in research projects for which researchers have used lawful means to gain access to your health information for use in research without your consent. For example, in Queensland, researchers can apply to be given health information held by a health agency through the research provisions (Chapter 6, Part 4) of the [Public Health Act 2005](#) (Qld).
- c) provided to a researcher for use in approved research after you signed the *Participant Information Consent Form for Future Unspecified Non-Interventional Coronavirus or Related Research* but prior to your withdrawal of consent.

[Who can sign this document?](#)

This document must be signed by the individual who signed the *Participant Information and Consent Form for Future Unspecified Non-Interventional Coronavirus or Related Research.* No-one else can withdraw consent on your behalf, even after your death.

[Explanation of terms used in this document](#)

In this document:



- when we refer to a “Health service” we are referring to the particular “Hospital and Health Service” where you are being, or have been, treated. “Hospital and Health Service” has the same meaning as in the [Hospital and Health Boards Act 2011](#) (Qld).
- when we refer to “researchers” we are referring to people from both within Queensland Health or outside of it who are authorised to perform a research study by way of a Research project approved by a [registered Human Research Ethics Committee](#) in Australia.
- when we refer to a General Practice (GP) we are referring to the general practice(s) where you are being or have been seen by a GP.
- “samples” can mean any of blood, saliva, urine, stool/poo, bone, breast milk or any tissue (including skin, part of an organ or tumour or other cells) taken from a participant’s body by a healthcare professional.
- when we refer to “health information” we are referring to the health information that GPs and Health Services routinely collect, have access to, analyse and store, about the health of patients to deliver services, care and treatment to them. It can include health information provided to the Health Service from GPs, registries and other providers of healthcare such as private hospitals.

Withdrawal of Consent

I hereby withdraw consent for authorised researchers to use my health information and samples for unspecified research related to the Coronavirus in the future.

I understand that my care and treatment and my relationships with this or other health facilities and those treating me will not be affected by my decision to withdraw my consent.

I also understand and acknowledge that if my health information and samples have already been provided to authorised researchers in accordance with the consent I provided by signing the *Participant Information and Consent Form for Future Unspecified Non-Interventional Coronavirus or Related Research*, I cannot withdraw my consent for my health information and samples to be used in those projects. However, I understand that my health information and samples will not be provided for any future coronavirus or related research projects related to the ‘The ATHENA COVID-19 STUDY: Data Linkage study of outcomes in patients with COVID-19 in Queensland’, without my consent (except as permitted by law).

Contact regarding participation in future research

I hereby withdraw consent to being contacted by a member of the ATHENA COVID-19 project team about participation in future COVID-19 related research.

Name of Participant:

Signature:

Date:

If the participant is unable to read, then, by signing and dating this form, the witness attests that the information in this form and any other written information was accurately explained to, and apparently understood by, the participant and that an informed decision was freely made by the participant.



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NB: Only complete the Witness statement box if the Next of Kin is unable to read. The witness must not be a researcher connected to a project relevant to this form. If an interpreter is used, the interpreter must not be the witness. The witness must be 18 years or older.

Name of Witness to Participant:

Signature:

Date :

The witness must not be a researcher connected to a project relevant to this form. If an interpreter is used, the interpreter must not be the witness. The witness must be 18 years or older.

After completing and signing this form, please email to ATHENACV19@health.qld.gov.au