

Sample Destruction Request Form (V1)

DIRECT

This request relates to Work Package number:

Institution as per DIRECT project (use code)

The subject was withdrawn consent and requested that their samples be destroyed

Subject ID

Date of Request

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day

Month

Year

Authorisation of Request from the clinical recruiting centre

Name:

Signature:

All samples linked to this subject ID have been identified and destroyed.

All the above samples registered in the DIRECT database have been deleted.

Date of Completion

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day

Month

Year

Authorisation of Sample Destruction from the  Laboratory

Name:

Signature: