

## Osaka University Hospital Databank Project

### Request to Withdrawal from the study

To the director of the Osaka University Hospital  
Osaka University Hospital Databank Project

I hereby withdraw my consent for participation in the Osaka University Hospital Databank Project. I will no longer provide my medical information to this project.

**Date :** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Year/Month/Day)

**Participant :** \_\_\_\_\_ (Signature)

**(Legal Representative) :** \_\_\_\_\_ (Signature)

**Hospital ID Number (if known) :** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Year/Month/Day)

**Address :** \_\_\_\_\_

**Phone :** \_\_\_\_\_ **e-mail** \_\_\_\_\_

Please complete this withdrawal form and submit it upon visiting the hospital. If you do not have plans to visit the hospital, this form can be accommodated by telephone or email.

After removing your medical data from this study,  
we will inform you by Phone, Postcard, E-mail (Please tick your preference).

**Contact office :** 2-15 Yamada-oka, Suita, Osaka 565-0871

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