

A. 'Muscle Disease Diagnostic Support' Withdrawal of Consent

Project manager, Dr. Ichizo Nishino

Participant

I have given my consent to participate in 'Muscle Disease Diagnosis Support', but have decided to withdraw that consent and submit a Withdrawal of Consent Form.

Date of withdrawal of consent Day/Month/Year _____

Signature (self-signed) _____

Address _____

Telephone number _____

(Legal) representative (if the person is unable to give consent with full understanding on his/her own)

I have given my consent for (subject name) _____ in the 'Muscle Disease Diagnosis Support' but have decided to withdraw that consent and submit a Withdrawal of Consent Form.

Date of withdrawal of consent Day/Month/Year _____

Signature (self-signed) _____ (Continuity _____)

Address _____

Telephone number _____

Receiver

I hereby certify that I have received the Withdrawal of Consent Form as follows.

Date of receiving withdrawal of consent Day/Month/Year _____

Receiver's signature (self-signed) _____

*Revocation of consent is in principle made by the person who signed the consent form.

*Place to send Withdrawal of Consent Form

Ichizo Nishino

4-1-1, Ogawa-higashi-machi, Kodaira, Tokyo 187-8552, Japan

Medical Genome Center, National Institute of Neuroscience, National Institute of Neurology and Psychiatry

B. 'Preservation and Research Use (Muscle Repository)' Withdrawal of Consent

Project manager, Dr. Ichizo Nishino

Participant

I have given my consent to participate in 'Muscle Repository', but have decided to withdraw that consent and submit a Withdrawal of Consent Form.

Date of withdrawal of consent Day/Month/Year _____

Signature (self-signed) _____

Address _____

Telephone number _____

(Legal) representative (if the person is unable to give consent with full understanding on his/her own)

I have given my consent for (subject name) _____ in the 'Muscle Repository' but have decided to withdraw that consent and submit a Withdrawal of Consent Form.

Date of withdrawal of consent Day/Month/Year _____

Signature (self-signed) _____ (Continuity _____)

Address _____

Telephone number _____

Receiver

I hereby certify that I have received the Withdrawal of Consent as follows.

Date of receiving withdrawal of consent Day/Month/Year _____

Receiver's signature (self-signed) _____

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