

Request Form for Amendment
to the “Consent Form for Sample Analysis, Preservation and Research Use”

To the President of the National Center of Neurology and Psychiatry.

Patient Name : _____ **Date :** _____

Patient Address : _____

SIGNATURE (Patient or a representative) : _____

If this amendment is acknowledged by an authorized representative due to the patient is not capable of making a judgement, please fill out the following :

Name of the representative : _____ **Relationship to the patient :** _____

Address of the representative : _____

For the patient : Please fill out the following section

I ask you to make the following change(s) with regard to the handling of my sample. (Circle appropriate number(s))

1. Cancel any of my pathological and biochemical analysis.
2. Cancel any of my genetic analysis.
3. Change the scope of my genetic analysis to a specific disorder. (Specify: _____)
4. Cancel the preservation of my sample for diagnostic use.
5. Cancel the preservation of my sample for research use although I still allow it to be preserved for diagnostic use.
6. Cancel the preservation of any of my sample including both diagnostic and research use.
7. Other Requests (Specify) : _____

I ask you to make the following change(s) with regard to my personal information. (Circle appropriate number(s).)

1. Destroy any of my information
2. <Inform/Do not inform> me of any new diagnostic information that might be available in the future.
3. Other Requests (Specify) : _____

Request to the Patient:

We sincerely ask you to inform your attending physician about any changes and their contents you have made with regard to diagnosis.

Please send this Request Form to :
National Center of Neurology and Psychiatry
MGC Sample Reception Desk
4-1-1 Ogawahigashi-Cho, Kodaira-Shi, Tokyo, JAPAN
Telephone : +81-(0)42-341-2711 (Operator), +81-(0)42-346-1770 (Direct)