

Principal Investigator: _____
_____ (Office) _____ (Mobile)
_____ (Email)

[IRB Reference Number: Title of Research Project/Activity]

Participant Withdrawal / Dismissal Form

*For participants to acknowledge after successful **COMPLETION** of study:*

- ❖ I confirm that I am feeling physically well at the time stated and am well enough to leave the premises.

*For participants to acknowledge upon **WITHDRAWAL (NON-COMPLETION)** of study:*

- ❖ I confirm that I am feeling physically well at the time stated and am well enough to leave the premises.

Name & Signature of Participant

Date & Time

For Researchers

- ❖ The participant is feeling well on completion of the trial and can be dismissed.
- ❖ Any other remarks:

Name & Signature of Researcher

Date & Time