

**Withdrawal of Informed Consent Form for
Adult Participants / Parents / Legal Guardians**

Sponsor / Study Title: Dono Vivo, LLC. / “Prospective study aimed at obtaining diseased state human biological specimens for use by researchers in laboratory studies assisting in the development of diagnostic testing and future therapeutics.”

**Principal Investigator:
(Study Doctor)** Chad Link, D.O.

Telephone: (888) 694-4380 (24 Hours)

Address: Dono Vivo, LLC
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Introduction

As indicated on the original consent form, Dono Vivo, LLC., does provide means by which a participant can rescind consent for future use of specimens provided to Dono Vivo. This document is intended to be used by participants who wish to rescind their original consent. This withdrawal of consent extends only to those remaining specimens which have not been transferred to a researcher and any future collections. As indicated in the original consent any samples that have already been placed with researchers may not be withdrawn as they have likely already been used or consumed by researchers. If you are a parent or legal guardian who is withdrawing permission for a child, please note that word “you” refers to your child.

What will happen to the information Dono Vivo, LLC., currently has?

If your specimens have been submitted to a researcher, your unique De-identification Code (DiC) will be inactivated within the LIMS system but securely maintained in case the need for a reference occurs in the future for a researcher who has already used your specimens. All remaining specimens will be properly destroyed. If none your specimens have been transferred to a researcher then all specimens will be destroyed and your data deleted from the secure LIMS system in which it is currently stored. These actions will be taken within 10 business days of signed and dated form receipt.

If my sample has been used can I contact the researcher to let them know I have rescinded consent?

No, the spirit of our structure is to maintain confidentiality on all fronts. A participant contacting a researcher would breach the security of the anonymity we originally committed to keeping, disallowing the sharing of that information. However, be assured, your sample was placed with researchers looking for biomarkers to develop diagnostic tests for your disease type.

Withdrawal of Consent

1. I understand any specimen already submitted to a researcher cannot be destroyed as it has likely already been used.
2. I understand that the consent form originally signed and dated allowed Dono Vivo access to certain medical information and specimens and was permitted to use for research purposes up until the date of the signature below.
3. I understand my information will be deleted in total from the LIMS system only if no specimen has been used by a researcher and deactivated from future use if it has been used.

If you agree to the above please sign and date for withdrawal of consent.

Date Participant's Name (Printed)

Date Participant's Signature/or Legal Guardian for Consent (If applicable)

Date Dono Vivo, LLC. Representative