

CONSENT WITHDRAWAL FORM

A. Personal Details

Citizen Name	
KH ID if any	
Services Availed from Karkinos	

B. Consent Withdrawal

1. I, _____ do not wish to store my personal data with KARKINOS HEALTHCARE PRIVATE LIMITED (“KHPL”) and wish to withdraw my consent for any personal data shared with KHPL.
2. I specifically wish to withdraw my consent for the following:
 - Personal Health Data
 - Blood/Tissue Samples (actual and electronic information)
 - Clinical Data
 - Any research projects undertaken by KHPL either currently or in future
 - Biobanking
3. I understand that by withdrawing my consent, I fully understand that my services provided to me by KHPL could be affected since KHPL will no longer have access to that information due to my withdrawal of consent.
4. I understand that KHPL shall maintain medical records as per Applicable Indian laws for a specific duration under Central and State specific statutes and/or regulations.

Name of the Citizen/Guardian:	
Name of Minor:	
Citizen's Signature:	
Date:	