

 NATIONAL CANCER INSTITUTE BBRB Biorepositories and Biospecimen Research Branch		WITHDRAWAL OR RECALL REQUEST APPROVAL FORM	
ER-0005-F1	VER. 03.00	Effective Date: mm/dd/yyyy	Page 1 of 1

1. Complete the following:

BSS	
Case #	
Name or Requester (e.g., BSS Principal Investigator)	
Reason for Request	<input type="checkbox"/> Withdrawal of Donor Consent <input type="checkbox"/> Recall Case
Case ID or Specimen IDs of samples to be recalled	
Project/Protocol	
Request Date	

2. [INTERNAL USE ONLY] Each approver will signify that the requested case has been approved for withdrawal or recall by entering name, signature, and date of approval:

Role	Approver Name (Printed)	Approver Signature	Approval Date
ELR Lead			
Technical Project Manager (TPM)			
Data Management			
Quality Management			
GTEx Program Director			