

Study ID: \_\_\_\_\_

**CEIRS Human Influenza Surveillance Study  
Form 11A: Subject Withdrawal form**

Date of withdrawal: \_\_\_ / \_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

Initials of Research Coordinator: \_\_\_\_\_

Method of withdrawal:

- verbal (in person)
- verbal (phone)
- fax
- email
- Other, specify: \_\_\_\_\_

Reason for withdrawal from study:

- Not interested in participating
- Compensation not adequate
- Other, specify: \_\_\_\_\_