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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: _____

