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James J. Lah, MD, PhD

c/o Richard Kuerston, MBA

12 Executive Park Drive NE

Suite 278

Atlanta, GA 30329

**Study Title: The Emory Healthy Aging Study**

Dear Dr. Lah:

I want to end my participation in the research study that is named above. In addition to ending my active participation I would like to [choose one of the following options]:

\_\_\_\_\_\_ **CONTINUE MY AUTHORIZATION FOR THE RESEARCHERS TO COLLECT AND USE MY INFORMATION FROM MY MEDICAL RECORDS:**

I will not actively participate in the research study any more, but the researchers may continue to collect and use information from my medical record as needed for the research study, but only for the reasons discussed in the consent form that I signed.

\_\_\_\_\_\_ **REVOKE MY AUTHORIZATION FOR THE RESEARCHERS TO CONTINUE TO COLLECT MY INFORMATION FROM MY MEDICAL RECORDS:**

I will not actively participate in the research study, and I revoke my authorization to permit the researchers to collect any more information about me. I understand and agree that in certain circumstances the researchers may need to use my information even though I have revoked my authorization, for example, to let me know about any safety concerns or to make any required reports to governmental regulatory agencies.

I understand that the researchers will respond to this letter by letting me know that they have received it.

Sincerely,

Signature Date

Printed Name