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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-00981 (03/2021) | **STATE OF WISCONSIN**Office of Health Informatics |
| **RESPONDENT / PATIENT OPT-OUT CARDWISCONSIN CANCER REPORTING SYSTEM (WCRS)** |
| If respondent/patient does NOT wish to participate in future studies, please complete and return this card to:WCRSAttn: Angela Whirry-AchtenWisconsin Department of Health Services1 West Wilson Street, Room 118Madison, WI 53703Email: Angela.Whirryachten1@dhs.wisconsin.gov  |
| Opt Out – Study Title      |
| Respondent / Patient Name (Print or Type First, Middle and Last Name)      |
| Respondent / Patient Address      | Telephone Number   -   -     |
| Reason(s) for Opting Out [ ]  I do not wish to be contacted again for any future studies.[ ]  I am too busy to participate/do not have time.[ ]  I am too sick/ill to participate.[ ]  I have never had cancer.[ ]  I had cancer, but I do not feel this study is relevant to me now.[ ]  I am not interested in this study.[ ]  Other:       |