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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-00981 (03/2021) | **STATE OF WISCONSIN**  Office of Health Informatics | |
| **RESPONDENT / PATIENT OPT-OUT CARD WISCONSIN CANCER REPORTING SYSTEM (WCRS)** | | |
| If respondent/patient does NOT wish to participate in future studies, please complete and return this card to:  WCRS  Attn: Angela Whirry-Achten  Wisconsin Department of Health Services  1 West Wilson Street, Room 118  Madison, WI 53703  Email: [Angela.Whirryachten1@dhs.wisconsin.gov](mailto: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: | | |