



DECLINE TO PARTICIPATE

Neonatal Alloimmune Thrombocytopenia (NAIT) Registry

I have read the *Information for Patients and Families*; regarding the purpose and methodology of collection of information to be included on the national Neonatal Alloimmune Thrombocytopenia (NAIT) Registry.

I have decided that I do **NOT** want information about me and my baby to be included on the Neonatal Alloimmune Thrombocytopenia (NAIT) Registry.

Name:

Signature:

Date: ____/____/____

Please complete and return this form only if you do **NOT** wish to provide information to the national NAIT Registry.

