

Eradication of Carbapenem-Resistant *Klebsiella Pneumoniae* Gastrointestinal
Colonization and Prevention of Secondary Bloodstream Infections with Oral Colistin

Withdrawal of Consent Form

I hereby wish to **WITHDRAW** my consent to participate in the study described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with my medical attendants.

Signature of participant
[or person responsible]

Please PRINT name

Date
