Cancellation received:

**Clinical Research Center (CRC) office and laboratory space cancel off form**

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| --- |
| **1. The research group leader**  |
| Name |       |
| Title |       |
| Affiliation (in full) |       |
| Email |       |

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| **2. The name of the research group** |
|       |

By sending this email, I hereby inform that our research group no longer needs office and laboratory space in the Clinical Research Center (CRC) premises.