Cancellation received:

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

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

|  |
| --- |
| **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.