

LOCAL HEADED PAPER

Centre Number:

Study Number: MREC/00/6/69

Version 3 created 15.09.06

Patient Identification Number for this trial (**Hospital number**)

CONSENT FORM

Prospective study of breast cancer treatment outcomes

Principal investigator for your centre:

Please initial box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. Patient information sheet version 6, created 03.11.06 ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected ☐
3. I understand that sections of my medical notes will be looked at by members of the research team to extract information relevant to the research study only. I give permission for these individuals to have access to my notes. ☐
4. I understand that a member of the research team may contact my GP for medical information relating to my cancer treatment. ☐
5. I understand that if I am concerned about any family history of breast cancer I need to request from my doctor a separate referral to the genetics service. ☐

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- | | |
|--|--------------------------|
| 6. I agree to take part in the above study | <input type="checkbox"/> |
| a. I agree to the collecting of information about my treatment and follow up. | <input type="checkbox"/> |
| b. I agree to provide a blood sample | <input type="checkbox"/> |
| c. I agree to the research team using a small sample of my breast cancer specimen for further analysis after my operation. | <input type="checkbox"/> |
| d. I understand there will be no information from the research analysis of either the blood sample or the tissue samples available directly to me but that I can at any time request, via the regional genetics service, for the genetic test results to be made available to the genetics service on my behalf. | <input type="checkbox"/> |

Name of Patient

Date

Signature

Name of person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature