

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
- a. I agree to the collecting of information about my treatment and follow up.
- b. I agree to provide a blood sample
- c. I agree to the research team using a small sample of my breast cancer specimen for further analysis after my operation.
- 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.
- e. I understand I will be asked to have my weight waist and hip measured one year after diagnosis by staff within my hospital clinic.

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Name of Patient

Date

Signature

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Name of person taking consent  
(if different from researcher)

Date

Signature

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Researcher

Date

Signature