CONSENT FORM

Prospective study of breast cancer treatment outcomes

Principal investigator for your centre:

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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Prospective study of breast cancer treatment outcomes

Please initial box

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.

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