

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.

Name of Patient

Date

Signature

Name of person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature