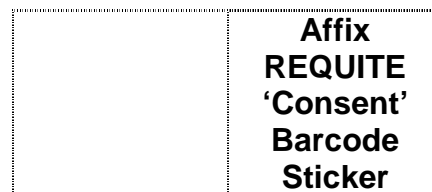


To be printed on hospital headed paper



CONSENT FORM

Version 1.1, 27th January 2014

Study Name: REQUITE - Validating predictive models and biomarkers of radiotherapy toxicity to reduce side-effects and improve quality-of-life in cancer survivors.

Study Coordinator: Prof. Dr. Jenny Chang-Claude, German Cancer Research Centre (DKFZ), Heidelberg, Germany

Local Clinical Lead:

Ethics Approval Number: 14/NW/0035

Please read each point below carefully. Only initial the boxes if you consent to that specific statement. You can consent to some or all of the statements below.

Please initial

1.	I confirm that I have read and understood the REQUITE patient information sheet dated 27 th January 2014, version 1.1, for the above study and have a copy to keep. I was able to consider the information, ask questions and had them answered satisfactorily.	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason; my medical care and legal rights will not be affected.	
3.	I give permission for the research team to look at my medical records to get information on my medical history, diagnosis, treatment and progress following treatment. This includes all scans taken in standard practice. I understand the information will be kept confidential.	
4.	I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the University of Manchester (sponsor), from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	

5.	I give permission for my family doctor to be informed about my participation in this study.	<i>Optional</i>
6.	I agree to have a blood sample taken for the research purpose explained to me. I understand that the research using my sample will include genomic research.	
7.	I offer my blood sample as a <u>gift</u> that may be used for future research. I understand that my blood sample and information could be made available for future research and that this may include researchers working abroad or in commercial companies. Any information transferred to a third party for future research will <u>not</u> contain my personal information such as my name so confidentiality of personal data will be protected. I give permission for these individuals to have access to my sample and clinically relevant information. I am aware of that the results of these tests will not be fed back to me or my doctor.	<i>Optional</i>
8.	I understand that I will not benefit financially in any way.	
9.	<u>Breast patients only</u> : I give permission to have digital photographs of my breasts (<u>excluding the head</u>) taken before and after radiotherapy. I understand that these images will be stored securely and could be made available for future research. These images will be used to assess changes in the breast following treatment.*	<i>Optional</i>
10.	I agree to take part in the above study.	

**Delete if not applicable*

Printed name of Patient
(BLOCK CAPITALS)

Date

Signature

Name of person taking
Consent
(BLOCK CAPITALS)

Date

Signature

When completed 1 original to be kept in Investigator Site file, 1 original (or copy) to be kept in the medical notes and 1 original (or copy) to be given to the patient.