

Study number: -

Date : 13/05/13

Version: 1.8

CONSENT FORM

Patient name: _____

Date of birth: --

NHS number: --

	Please initial
1. I confirm that I have read and understand the information leaflet (v. 3.2 Date 03/06/11), and have had the opportunity to ask questions. These questions have been answered clearly and satisfactorily.	
2. I understand that I will be asked complete questionnaires that include questions on subjects such as life style and quality of life now and on further occasions in the future.	
3. I give my permission for my blood/saliva samples to be collected and stored by the study team and distributed to any scientists for analysis where their research has appropriate ethical approval.	
4. I agree to donate any excess tissue removed during the course of my diagnosis and/or treatment to be used in future cancer biology research projects that are ethically approved by a research ethics committee, providing this does not in any way affect my diagnosis or treatment.	
5. I give permission for appropriate researchers to examine DNA that will be present in my donated samples. I understand that examination of DNA is anonymous and that researchers will not be able to identify me from the sample.	
6. I give permission for the research team to collect additional information about me from my medical notes and via linkage to health-related records including disease registries. I understand that the research team will use this information for research purposes only and that this information will be kept confidential.	
7. I understand that information held by the NHS and records maintained by The NHS Information Centre and the NHS Central Register may be used to help contact me and provide information about my health status.	

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8. I understand that I will not personally benefit, financially or otherwise, from my gift of blood or saliva samples. This includes the circumstances of my samples being involved in research resulting in the development of a new treatment or medical test.	
9. I understand that taking part in the research is voluntary and that I am free to withdraw from the study at any time without giving a reason and without my medical treatment or legal rights being affected.	
10. I understand that the data collected about me for this study is covered by the Data Protection Act and stored electronically in a secure encoded format.	
11. I give permission for researchers to contact me in the future regarding the possibility of further studies, but I understand that I am under no obligation to take part in these.	
12. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals 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.	
13. I agree to take part in the research.	

Name of patient

Date

Signature

Name of Person taking consent

Date

Signature

When completed:

1 for participant; 1(original) for researcher site file; 1 to be kept in medical notes; 1 copy to be sent to the Bristol H&N 5000 office