Consent Patient Version 4. 11102013.

PATIENT CONSENT FORM

Investigating mutational signatures in cancer and other inherited disorders

REC reference number: 13/EE/0302

Chief investigator: Dr Serena Nik-Zainal MBBChir MRCP PhD

Please initial boxes

☐ I confirm that I have read and understand the information sheet (Version 6, 11102013) for the above study and have been given a copy to keep. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I understand why the research is being done and any foreseeable risks involved.

☐ I agree to take part in this study.

☐ 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.

☐ 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.

☐ I agree that the genetic information produced by studying my DNA may be placed in an electronic data archive indefinitely with no connection to my name or other personal identifier.

☐ I agree that the stem cells produced by this study can be stored in a cell storage facility indefinitely with no connection to my name or other personal identifier apart from the name of my medical condition, my age and gender.

☐ I understand that my identity cannot be directly connected to the genetic information produced by these studies by anyone apart from the doctors and nurses in the study.

☐ I give permission for my GP to be contacted about my participation in this study.

☐ I give permission for my anonymised DNA/tissue samples/cell lines to be shared with other *bona fide* researchers for use in studies.

…….	…… .	……..
Name of patient (BLOCK CAPITALS)	Date	Signature
……	……	……
Name of person taking consent (if different from researcher)	Date	Signature
……	……	……
Name of researcher	Date	Signature

When completed, 1 copy for patient; 1 copy for researcher; 1 copy (original) to be kept in medical notes.