

Consent Non-UK Control Parent Version 1.29062015.

## CHILD CONTROL PARENT 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 (Version1,29062015) 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 for my son/daughter to take part in this study.
- I understand that my child's participation is voluntary and that I am free to withdraw at any time without giving any reason, without my child's medical care or legal rights being affected.
- I understand that relevant sections of my child's 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 his/her taking part in this research. I give permission for these individuals to have access to these records.
- I agree that the genetic information produced by studying my child's DNA may be placed in an electronic data archive indefinitely with no connection to his/her 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 child's name or other personal identifier apart from the name of my child's medical condition, age and gender.
- I understand that my child's 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 child's anonymised DNA/tissue samples/cell lines to be shared with other *bona fide* researchers for use in studies.

|   |                                     |      |           |
|---|-------------------------------------|------|-----------|
| Name of parent<br>(BLOCK CAPITALS)                              | Name of patient<br>(BLOCK CAPITALS) | Date | Signature |
| Name of person taking consent<br>(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.