

Consent Non-UK Patient's Consultee Version 1.29062015

## PATIENT'S CONSULTEE 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 1, 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 the patient ..... (name, dob) to take part in this study.
- I understand that his/her participation is voluntary and that he/she is free to withdraw at any time without giving any reason, without his/her medical care or legal rights being affected.
- I understand that relevant sections of the patient'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 the patient'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 the patient's name or other personal identifier apart from the name of the medical condition, his/her age and gender.
- I understand that the patient'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 the patient's GP to be contacted about the patient's participation in this study.
- I give permission for the patient's anonymised DNA/tissue samples/cell lines to be shared with other *bona fide* researchers for use in studies.

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

