

Consent Young Person Control Version 1.. 25042014.29062015

## YOUNG PERSON CONTROL 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 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 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
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Name of person taking consent (if different from researcher)	Date	Signature
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Name of researcher	Date	Signature
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When completed, 1 copy for patient; 1 copy for researcher; 1 copy (original) to be kept in medical notes.