

[To be printed on local letterhead/logo]

Exploring the biological processes underlying mutational signatures identified in patients with inherited disorders and in patients exposed to mutagens (Scotland)

CF (Relative/Welfare Attorney), version 2, 02/07/2014

Nearest Relative/Guardian or Welfare Attorney Consent Form

Investigating mutational signatures in cancer and other inherited disorders (Scotland)

Participant ID:

[Contact details of person taking consent]

Please initial box

1. I confirm that I have read and understand the information sheet (Version 2, 02/07/2014) 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.

2. I agree for the patient (name, dob) to take part in this study.

3. I understand that his/her participation is voluntary and that I am free to withdraw them at any time, without giving any reason and without his/her medical care or legal rights being affected.

4. 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.

5. I give permission for the patient's samples to be used for genetic research (DNA analysis).

6. 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.

7. 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.

8. 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.

9. I give permission for the patient's GP to be contacted about the patient's participation in this study.

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10. 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.

I confirm that I am the nearest relative for _____ and that no other nearest relative or welfare attorney or guardian exists.

Relationship to patient _____

I confirm that I am the Welfare Attorney or Guardian for _____

Name of person giving consent

Date

Signature

Name of person taking consent
(if different from Researcher)

Date

Signature

1x original – into Site File; 1x copy – to Participant; 1x copy – into medical notes