CANDID
CANcer Diagnosis Decision rules

UNIVERSITY OF Southampton

Study ID:

CONSENT FORM
CANcer Diagnosis Decision rules (CANDID study)
Chief Investigator: Professor Paul Little

Please Initial each Box

1. I have read and understood the information sheet dated 5th February 2013 version 3 and have had the opportunity to ask questions that have been answered satisfactorily. ☐

2. I agree to take part in this research study and understand that all my details will be kept confidential and my name will not appear on any reports or documents. ☐

3. I understand that my participation is voluntary and that I am free to withdraw at any stage without giving reasons and without my medical care or legal rights being affected. ☐

4. I understand that the UK cancer registries will be looked at for up to 5 years to review the outcome of my symptoms. ☐

5. I understand that parts of my medical records relevant to the study and data collected during the study may be looked at by individuals from regulatory authorities, the CANDID study team or from the NHS trust where it is relevant to my taking part in this research. I give my permission for these individuals to have access to my data. ☐

OPTIONAL

6. I agree to provide information via the Internet. ☐

7. I agree to have a blood test and for some of that sample to be stored and held for future DNA analysis. ☐

8. I agree to provide a saliva sample and for that sample to be stored and held for future DNA analysis. ☐

9. I agree to be contacted at a later date to take part in an interview about my symptoms. Agreeing to contact now does not commit me to participation later. ☐

10. Email address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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Date of Birth: ☐☐☐☐☐☐ Post Code: ☐☐☐☐☐☐☐☐

Name of Patient _____ Signature _____ Date _____

Name of Person taking Consent (if appropriate) _____ Signature _____ Date _____

If you sign this form when you are seeing the doctor or nurse: White copy for researcher; yellow copy for patient to keep; blue copy for GP notes; pink copy for Tissue Bank (to send with samples).

If you sign this form at home and you do not want to give samples: Yellow copy for patient to keep; put the white; blue and pink copies in the freepost envelope and send to the study team; **If you do agree to give samples**, make an appointment & take white, blue and pink copies back to the GP.

Study Team contact details: Mrs Sue Broomfield, Study Manager, PCPS, University of Southampton, Aldermoor Health Centre, Aldermoor Close, Southampton, SO16 5ST. Email: seb4@soton.ac.uk Telephone: 023 8024 1081