Patient Consent Form

NBT
National Brain Tumour Study

Principal Researcher: Professor Richard Houlston
Division of Genetics and Epidemiology, Institute of Cancer Research,
Cotswold Road, Sutton SM2 5NG
Telephone number: 0208 722 4431

Please initial boxes

☐ I have read the attached NBT Patient Information Sheet (Version 4) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐ I agree to provide blood samples for research in this project. I understand how the samples will be collected and that giving samples for this research is voluntary.

☐ I agree that the blood samples I have given and the information gathered about me can be stored by Professor Houlston at the Institute of Cancer Research. I understand that authorised researchers other than Professor Houlston may need to look at relevant sections of my medical notes and data collected during the study. I give permission for these individuals to have access to my records.

☐ I give permission for previously obtained tissue specimens to be used for research purposes.

☐ I understand that the samples I give will be used in research aimed at understanding the inherited susceptibility to cancer.

☐ I understand that my participation in this study is entirely voluntary and that I may withdraw from it at any time without giving a reason, and without my medical treatment or legal rights being affected.

☐ I know how to contact the research team if I need to.

Your hospital consultant: ……..

Hospital address: ……

……

Your GP: ……

GP's address: ……

……

Please delete as applicable: I am <u>willing</u> / <u>not willing</u> to be contacted in the future for more information or other studies.

……	……..	……
Signature	Full Name (Block Capitals)	Date
……	……..	……
Person taking Consent	Full Name (Block Capitals)	Date