



CONSENT FORM FOR PATIENT



Key
White(WCB), Green(Surgeons notes), Blue(Pathology),
Yellow(Patient), Pink(Patient Notes)

Patient Identification Number for this study:
Title of Project:Wales Cancer Bank
Name of Principal Researcher: Professor Malcolm Mason
Contact telephone number: 029 2031 6964

To confirm agreement with each of the statements below, please initial in the box

- 1. I confirm that I have read, understood and have had time to consider the information sheet dated (version number 3) for the above study and have had the opportunity to ask questions.
- 2. I understand that my participation is voluntary and will not affect my medical treatment or legal rights in any way.
- 3. I understand that sections of my medical notes may be looked at by responsible individuals from the Wales Cancer Bank where it is relevant to this study. I give permission for these individuals to have access to my records.
- 4. I understand and agree that parts of my medical information may be passed to other organisations involved in the research on the understanding that my personal patient confidentiality will be maintained.
- 5. I understand, and agree to, data relating to my donated samples being stored electronically.
- 6. I agree that I will ask my partner/friend if they would be willing to participate in this study as a control.
- 7. I confirm agreement to take part in the above study.

Name of patient.....Date.....Signature.....

Name of person taking consent.....Date.....Signature.....

OR

Researcher.....Date.....Signature.....

www.walescancerbank.com

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