

Breakthrough Generations : the UK study of the causes of breast cancer

CONSENT FORM

In order to confirm your willingness to take part, as is standard in medical research, we would be grateful if you would complete, sign and return one copy of this form.

- | | Yes | No |
|---|--------------------------|--------------------------|
| • I confirm that I have read and understood the information booklet for the above study and have had the opportunity to ask questions. I understand what is required from me 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, and without my medical care or legal rights being affected. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I am willing to complete the questionnaire for this study. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I am willing to give a blood sample. I understand that the sample will be kept and used for future research, as described in the information booklet given to me. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I agree to the study team looking at my medical records or contacting doctors who have treated me, if they need to do so to gain information for use in this research. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I agree that if the study team cannot make contact with me in the future (e.g. because I have moved house or emigrated or died), they may use NHS data systems and records maintained by the General Register Office to find my current address. They may also use these records to find out whether I have had cancer and what caused my death. | <input type="checkbox"/> | <input type="checkbox"/> |

.....
SIGNATURE

.....
DATE

.....
NAME IN CAPITALS

Please return with the questionnaire to: Professor AJ Swerdlow
Breakthrough Generations Study Team
Brookes Lawley Building
Institute of Cancer Research
15 Cotswold Road
Sutton, Surrey