

APPENDIX D

INFORMED CONSENT DOCUMENT 1 (To be on headed paper)

Centre No:
Study Protocol Number:
Ethics Protocol Number:
Patient Identification Number for this trial:

**Title of Project: Identification of Men with a genetic predisposition to ProstAte Cancer:
Targeted screening in *BRCA1/2* mutation carriers and controls.**

Name of Principal Investigator: Dr Rosalind Eeles

Please Tick Box

1. I confirm that I have read and understand the information sheet dated
(version.....) for the above study and that I have had an opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any
time, without giving a reason, and my medical care and legal rights will not be affected.
3. I am willing to allow access to my medical records to check that the study is being
carried out correctly. I have been assured that strict confidentiality will be maintained.
4. I understand that any samples taken as part of this study may be sent to another centre
outside the community that complies with the Good Clinical Practice (GCP) guidelines
5. I agree for my GP to be notified of my participation in this study.
6. I understand that I am giving my blood and urine samples as a gift and these can be
kept permanently by the research team
7. If any gene changes of clinical significance are found in my samples in the future then I
/ my next of kin would like to be informed
8. I am willing to let the research team have access to my medical records to look at any
relevant interventions I have had in the past and the the outcome of any treatment I
may have in the future
9. I agree to participate in the above study.
10. I would/would not like to be informed of the results of this study.
(please delete as appropriate).

Name of Patient

Date

Signature

Name of Person obtaining consent
(if different from Principal Investigator)

Date

Signature

Principal Investigator

Date

Signature

1 copy for Patient, 1 for Principal Investigator, 1 for Hospital Notes

INFORMED CONSENT DOCUMENT 2 (To be on headed paper)

Centre No:

Study Protocol Number:

Ethics Protocol Number:

Patient Identification Number for this trial:

**Title of Project: Identification of Men with a genetic predisposition to Prostate Cancer:
Targeted screening in *BRCA1/2* mutation carriers and controls.**

Name of Principal Investigator: Dr Rosalind Eeles

Please Tick Box

1. I agree to have a biopsy of my prostate gland as part of the above study protocol and that potential implications have been discussed with me
2. I agree to have two extra biopsy samples taken for research purposes and that these are being given as a gift and can be kept permanently by the research team
3. I am willing to allow access to my medical records to check that the study is being carried out correctly. I have been assured that strict confidentiality will be maintained.
4. I understand that any samples taken as part of this study may be sent to another centre that complies with the Good Clinical Practice (GCP) guidelines
5. I am willing to let the research team have access to my medical records to look at the results of this biopsy and the outcome of any treatment I may have in the future
6. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, and my medical care and legal rights will not be affected.

Name of Patient

Date

Signature

Name of Person obtaining consent
(if different from Principal
Investigator)

Date

Signature

Principal Investigator

Date

Signature

1 copy for Patient, 1 for Principal Investigator, 1 for Hospital Notes