

Use this form for UKALL14 patients registered prior to implementation of Protocol v7.0

The CTC will provide lists of patients to be contacted.

UKALL14 Informed Consent—Constitutional DNA (1/2)

Stored Bone Marrow Sample

This section should only be completed if a remission bone marrow sample is available for testing.

Date Patient Information Sheet (Stored Bone Marrow Sample) given to patient (dd/mm/yyyy) Version number of Patient Information Sheet (Stored Bone Marrow Sample)

Has the patient signed the Stored Bone Marrow Sample Consent Form? (1=Yes, 2=No) If yes, please provide details below.

N.B. Participation is optional

Date patient signed Consent Form (Stored Bone Marrow Sample) (dd/mm/yyyy) Version number of Consent Form (Stored Bone Marrow Sample)

The patient has initialled all the boxes on the consent form (1=Yes, 2=No) The patient has personally signed and dated the consent form (1=Yes, 2=No)

The person taking consent has signed and dated the form on the same date as the patient (1=Yes, 2=No) The person taking consent has been delegated this role on the delegation log (1=Yes, 2=No)

Name of person taking consent

Buccal Swab

This section should be completed if a remission bone marrow sample is NOT available for testing.

Date Patient Information Sheet: (Buccal Swab) given to patient. (dd/mm/yyyy) Version number of Patient Information Sheet (Buccal Swab)

Has the patient signed the Buccal Swab Consent Form? (1=Yes, 2=No) If yes, please provide details below.

N.B. Participation is optional

Date patient signed Consent Form (Buccal Swab) (dd/mm/yyyy) Version number of Consent Form (Buccal Swab)

The patient has initialled all the boxes on the consent form (1=Yes, 2=No) The patient has personally signed and dated the consent form (1=Yes, 2=No)

The person taking consent has signed and dated the form on the same date as the patient (1=Yes, 2=No) The person taking consent has been delegated this role on the delegation log (1=Yes, 2=No)

Name of person taking consent

Please provide patient's family history of cancer on page 2 of 2.

UKALL14 Informed Consent—Constitutional DNA (2/2)*Family History of Cancer***Have any of the patient's first degree relatives (mother, father, sister, brother) had cancer?**

(1=Yes, 2=No) If yes, please enter details below.

Relative	Type and Site of Cancer	Age at Diagnosis (if known)

**Completed
by:****Signature:****Date
completed:**

D	D	M	M	Y	Y	Y	Y
<input type="text"/>							