*(Form to be on hospital/institution headed paper)*

Site Name: << insert site name or site number>>

Patient ID: CAR - \_\_\_\_\_\_\_\_\_\_

CONSENT FORM

Name of Trial: **Cardamon trial**: Carfilzomib/Cyclophosphamide/Dexamethasone with maintenance carfilzomib in untreated transplant-eligible patients with symptomatic MM to evaluate the benefit of upfront ASCT

Name of Principal Investigator: << insert name of Principal investigator>>

**Please initial box**

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| 1. | I confirm that I have read and understand the information sheet dated 21/08/2020 (version 9.0) for the above trial. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2. | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. |  |
| 3. | I understand that relevant sections of any of my medical notes and data collected during the trial may be viewed at the trial site or remotely by individuals from the Cancer Research UK and UCL Cancer Trials Centre, University College London (the sponsor) and representatives of the sponsor, Amgen (formerly Onyx Pharmaceuticals Inc), relevant regulatory authorities, or from the NHS Trust/Health Board where it is relevant to my taking part in this research. I understand that data protection regulations will be observed, and strict confidentiality maintained and I give permission for these individuals to have access to my records. |  |
| 4. | I agree to my GP being informed of my participation in this trial |  |
| 5. | I give permission for my initials, date of birth, ethnicity and NHS number to be sent to the Cancer Research UK and UCL Cancer Trials Centre, UCL Cancer Institute, UCL Department of Research Pathology and the Haematological Malignancies Diagnostic Service where they will be stored in a secure location. I understand that the Haematological Malignancies Diagnostic Service laboratory will be able to access data linked to my NHS number including full name. In all cases, personal details will be kept strictly confidential and no personal information will be included in the study report or other publications.  I give permission for my information to be collected, stored, and used for research at UCL Cancer Trials Centre and the study laboratories. |  |
| 6. | I understand that information held by the NHS and records maintained by the NHS Information Centre may be used to continue to gather information about me that is relevant to the trial, and follow my health status for the duration of the trial. |  |
| 7. | I agree to donate blood and bone marrow samples for use in research related to this trial. I understand that some of the tests done will be genetic tests in relation to myeloma.  I understand that donating my samples is voluntary and that I am free to withdraw my approval for their use at any time without giving a reason and without my medical treatment or legal rights being affected. |  |
| 8. | I understand that my samples will be stored at either at the UCL Cancer Institute, 72 Huntley St, London WC1E 6DD, UCL Faculty of Biomedical Sciences, 21 University Street, London, WC1E 6JJ or Haematological Malignancy Diagnostic Service, St James’s Institute of Oncology Level 3 Bexley Wing St James’s University Hospital Leeds LS9 7TF. |  |
| 9. | I agree to complete the quality of life questionnaires during the trial as required. |  |
| 10 | I agree to take part in the above trial. |  |

**OPTIONAL CONSENT – Future Research using remaining samples**

Further use of your samples is optional and is not required in order to participate in the Cardamon study. If you do not consent to further use of the blood and bone marrow samples you have provided please simply leave the section below blank.

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| 11. | I agree that my remaining samples that I provided for the Cardamon study may be provided in anonymised form to other researchers. I understand that their use will be restricted to ethically approved studies on or related to multiple myeloma. I understand that my samples will be stored at the UCL Cancer Institute, 72 Huntley St, London WC1E 6DD until such time as they are transferred to other researchers. |  |
| 12. | I understand that the results of tests on my samples may be linked to clinical data about me collected during the course of treatment on the Cardamon study. I understand that my identity will remain anonymous. |  |
| 13. | I understand that some of the tests done on my samples will be genetic tests in relation to myeloma, including testing for new genetic mutations that might be discovered in the future. |  |

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| Name of Patient | Date | Signature |
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|  |  |  |
| Name of person taking consent  (designated responsible person) | Date | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**When completed: Take 2 copies. Original and 1 copy to be kept in medical notes and investigator site file, and a copy to be given to the patient.**

**Data Protection Act 1998:** This research project is registered for data protection and the requirements of the Act apply in full. The information held will be used for medical research purposes only and will be stored and disposed of in a secure manner.