

(To be printed on hospital headed paper)

Patient Information Sheet and Consent Form – (Addendum 1 to R-CODOX-M/IVAC Trial PIS v7.1 01.09.2010)

Dear participant in the R-CODOX-M/IVAC Trial,

We would like to notify you of additional information for the trial you are currently taking part in. Please read the information below carefully and discuss any concerns you have with your study doctor.

As stated in the Patient Information Sheet you were previously given to read, you will be assessed at various times by your doctor. These assessments will include a total of 4 CT scans which will be done at the initial stage to confirm you are suitable to take part in the trial, at the end of treatment to assess the response of your lymphoma and at 4 months and 1 year after finishing treatment. 2 of these CT scans would be part of your standard care even if you were not on this trial. A CT scan is equivalent to up to 13 years' of background radiation; however this level of exposure is unlikely to lead to a significant health risk for you.

Please remember that you are free to withdraw at any time. This will not have any bearing on the medical attention that you will receive.

Thank you for reading this information.

Patient Consent Form:

Site Name: <<insert site name>>

Patient ID: <<insert patient ID>>

Please initial box

I confirm that I have read and understood the information provided above. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I am happy to continue participating in the trial.

Name of Patient

Signature

Date

Name of person taking consent
(if different from Investigator)

Signature

Date

Name of Investigator

Signature

Date

When completed: Take 2 copies. Keep original in the patient's medical notes, 1 copy in the investigator site file, and a copy is to be given to the patient.