(*To be printed on local headed paper)*

PATIENT CONSENT FORM - PART I

PATIENT TRIAL NUMBER: RCM | | | |

Version 7.0
Date: 23.06.2010

Study title: A Phase II Single Arm Study of the use of CODOX-M/IVAC with Rituximab (R-CODOX-M/IVAC) in the treatment of patients with Diffuse Large B-Cell Lymphoma (DLBCL) or Burkitt's Lymphoma (BL) of International Prognostic Index (IPI) High or High-Intermediate Risk

REC Reference: 05/Q0201/81

Please read carefully

Name of site: << >>

Name of Principal Investigator: << >>

		Please Initial box
1.	I confirm that I have read and understand the information sheet dated..... (version.....) for the above study and have had an opportunity to ask questions.	
2.	I understand that my participation in this study is voluntary and that I am free to withdraw at any time without giving a 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 looked at by appropriate individuals from the Cancer Research UK and UCL Cancer Trials Centre, University College London, the sponsor (and representatives of the sponsor) and relevant regulatory bodies, or from the institution where it is relevant to my taking part in research. 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 understand that information held by the NHS and records maintained by the NHS Information Centre may be used to keep in touch with me and follow my health status.	
5.	I understand that samples of tissue taken will be reviewed by a pathologist in another hospital and that additional tests for biological risk factors will be performed	
6.	I agree to take part in the above study.	

(*To be printed on local headed paper)*

Name of Patient	Date	Signature
Name of person taking consent (Designated responsible person)	Date	Signature

When completed: Take 2 copies. Original to be kept in patient's medical notes and 1 copy each to be kept in the investigator site file and 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.

(*To be printed on local headed paper)*

PATIENT CONSENT FORM - PART II

PATIENT TRIAL NUMBER: RCM | | | |

Version 7.0
Date: 23.06.2010

Study title: A Phase II Single Arm Study of the use of CODOX-M/IVAC with Rituximab (R-CODOX-M/IVAC) in the treatment of patients with Diffuse Large B-Cell Lymphoma (DLBCL) or Burkitt's Lymphoma (BL) of International Prognostic Index (IPI) High or High-Intermediate Risk

Please read carefully

Name of Site: << >>
Name of Principal Investigator: << >>

VOLUNTARY DONATION OF TISSUE SAMPLE

	Please Initial
I understand a small, anonymised fragment of the lymphoma tissue will be stored for future studies. I understand that this will be linked to the trial data through the unique trial number and no other personal data will be held. I understand separate ethics approval will be sought before the use of this material for future studies.	

_____	_____	_____
Name of Patient	Date	Signature
_____	_____	_____
Name of person taking consent (Designated responsible person)	Date	Signature

When completed: Take 2 copies. Original to be kept in patient's medical notes and 1 copy each to be kept in the investigator site file and given to the patient.

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