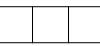
PATIENT CONSENT FORM - PART I

Patient Trial Number



PATIENT CONSENT FORM - PART I Version 5.0 Date 20.08.2008

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) of International Prognostic Index (IPI) High or High-Intermediate Risk (MREC reference 05/Q0201/81)

PATIENT CONSENT FORM PART I* (please read carefully)

Name of Researcher: _____

	Please initial
I confirm that I have read and understand the information dated	
20.08.2008 (version 5.0) for the above study and have had an	
opportunity to ask questions.	
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.	
I understand that sections of my medical notes may be looked at by	
responsible individuals involved in this research or from regulatory	
authorities where it is relevant to my taking part in research. I give	
permission for these individuals to have access to my records.	
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	
I agree to take part in the above study.	

OPTIONAL

I agree for my GP to be informed	
I agree for information to be obtained from the Office of National Statistics	

Name of Patient	Date	Signature	
Name of person taking consent (if different from researcher)	Date	Signature	
Name of Researcher)ate	 Signature	

^{*} Three copies required: one each for the patient, researcher and hospital case notes

Patient Trial Number



PATIENT CONSENT FORM - PART II

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) of International Prognostic Index (IPI) High or High-Intermediate Risk (MREC reference 05/Q0201/81)

PATIENT CONSENT FORM PART II* (please read carefully)

Name of Researcher: _____

VOLUNTARY DONATION OF TISSUE SAMPLE

Please initial

I understand a small, anonymised f be stored for future studies. I under trial data through the unique trial n will be held. I understand separate before the use of this material for fu	rstand that this umber and no o ethics approval	will be linked to the other personal data
~ (2	0	
Name of Patient	Date	Signature
Name of person taking consent (if different from researcher)	Date	Signature
Name of Researcher Date		Signature

^{*} Three copies required: one each for the patient, researcher and hospital case notes

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