

(Form to be on hospital/institution headed paper)

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

Patient ID: << insert patient trial number >>

Consent Form: Genetic Testing – Buccal Swab

Study title: A randomized trial for adults with newly diagnosed acute lymphoblastic leukaemia

Short title: **UKALL14**

Version: 1.0

Date 09.09.2015

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

Please initial box

1.	I confirm that I have read and understand the 'Additional Genetic Testing (Buccal Swab)' information sheet dated (version) for the above trial. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
2.	I voluntarily agree to donate a buccal (mouth) swab that will be tested for genetic changes which will be used to identify the link between genes and my type of cancer.	<input type="checkbox"/>
3.	I understand that neither I, nor my doctor, will be told of the results of the genetic tests.	<input type="checkbox"/>
4.	I agree that any surplus material remaining after genetic testing to be stored for use anonymously in research which has been approved by the relevant Ethics Committees.	<input type="checkbox"/>
5.	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.	<input type="checkbox"/>

Name of Patient:

Date:

Signature:

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.