Consent Form
FORECEE and BRCA PROTECT Research Study

Participant ID

You are invited to take part in a research study into the causes of breast, ovarian, womb and cervical cancer. This project will use new techniques that may allow identification of risk factors for the development of these cancers. We hope that by identifying such risk factors, we will be able to give better advice to women about their options for preventing cancer.

Thank you for reading the information about the FORECEE research project. If you would like to take part, please read the following and sign this form.

Lead Researcher: Professor Martin Widschwendter **Initial:**

I confirm that I have read the attached information sheet dated 22 December 2015 (V4) for the above study and have been given a copy to keep. I have been able to ask questions about the study and I understand why the research is being carried out and any risks involved.	
I understand that my participation is voluntary and that I am free to withdraw my approval for the use of my samples and /or associated clinical information at anytime, without giving any reason and without my medical care or legal rights being affected.	
I agree to contribute (please tick all those you agree to provide): □ **blood sample** □ **cheek swab** □ **cervical smear sample** □ **tissue removed at the time of surgery (if applicable)**	
My samples I understand how the sample(s) will be collected and I give permission for my samples/tissue collected at any hospital that I attend or have attended in the past, to be made available for ethically approved research, including genetic, epigenetic, proteomic and other biological analysis, nationally as well as internationally.	
Medical information I give permission for members of the research team or the appropriate regulatory authorities to examine my medical records or pathology/cytological samples in order to obtain information relevant to the research. I understand that any information will be kept strictly confidential.	
Information about individual outcomes of the study I consent that any samples that I contribute may be analysed using a number of different biological tests. I understand that these techniques are at present experimental, and so **if a gene mutation is not found, this does not mean that I am at low risk of cancer.** I understand that **I will not be informed if no**	

mutation is identified using the methods applied in this research project. □ If a known disease-causing mutation is found, **I <u>would like</u> to be informed**. □ Even if a disease-causing mutation or other biological alteration is found, **I <u>would not like</u> to be informed** about the outcome.	
Transfer of data I consent to the transfer of samples and coded data with no personal identifiers for the purpose of the study to researchers, research-sponsors and scientific collaborators in the UK, Europe and internationally. I am aware that countries to which such data may be transferred may not have equivalent data protection legislation. However, I have been assured that the research team will make all efforts to ensure the highest level of data security.	
Follow-up I am aware that the follow-up period of this study is 25 years and I am free to withdraw from the study at any point, although I recognise that my donated samples may have already been processed and therefore cannot always be removed from the study.	
Future studies I agree that the samples I have given and the information gathered can be stored by the custodians, University College London, for possible use in future studies, as described in the information sheet. I understand that some of these future studies may be carried out by researchers other than the current study team. This may include researchers working for commercial companies.	
Following reduced capacity I recognise that at a time in the future, I might be unable to give consent due to death or reduced capacity. In such an event, □ I **<u>withdraw</u>** consent if I become incapacitated during the course of the project □ I **<u>extend</u>** my consent if I become incapacitated during the course of the project	
No financial gain I understand that I will not benefit financially if this research leads to the development of new treatments or medical tests. I know how to contact the research team if needed and how to obtain information regarding the results.	

Please write your name in block letters and sign below.

_____	_____	_____
Name of participant	Date	Signature

_____	_____
Date of Birth	Hospital/NHS number (if known)

_____	_____	_____
Name of researcher	Date	Signature