# Consent Form

yorkshire & humberside haematology network

Thank you for reading the information about YHHN. If you think you would like to help, please read and sign this form and either bring the completed form with you to your next clinic appointment or return it in the stamped addressed envelope provided. Please initial the boxes below if you agree with the statement:

| Study Number |
| --- |
| |

1. I have read the attached information leaflet (Version 13, May 2020) and have been given a copy to keep. I have been able to ask questions about the project and I understand why the research is being done. ☐
2. I understand that my participation is entirely voluntary and that I will not receive any payment. I am free to withdraw my consent at anytime without giving a reason and without my medical treatment or legal rights being affected. ☐
3. I am willing to complete a confidential questionnaire about my background, current illness and quality of life. ☐
4. I am aware that I may have already given samples for routine diagnostic purposes when I first visited the hospital clinic. I agree to these samples being stored and used anonymously for future research projects which may involve collaboration with academic research partners or the pharmaceutical industry. ☐
5. I give my permission for the cells and DNA extracted from my samples to be stored and retained for use in any future research projects. ☐
6. I give my permission for a member of the research team to access, examine and record information from my paper and computerised hospital medical records and to store this information in the long-term for future research projects. ☐
7. I am happy for my family doctor (GP) to be informed that I am helping with this study, and give my permission for a member of the research team to access, examine and record information from my GP records. ☐
8. I agree that any information or material I have provided can be used for teaching purposes during which I will remain anonymous. ☐
9. I understand that all information I give will be treated confidentially and will not be used or released in such a way that I could be identified. I am aware that the data and samples will be used anonymously and so I will not receive feedback on any of the results. ☐
10. I understand that YHHN will send identifiable data to NHS Digital to link to information about hospital admissions, other cancers and death registrations. ☐
11. I am assured that any future research projects will be approved by the relevant ethics committees. ☐
12. I agree to be contacted again should any further research be considered. ☐

| Name of patient (CAPITALS) | Signature | Date |
| --- | --- | --- |
| Name of witness (CAPITALS) | Signature | Date |

**PLEASE RETURN THE TOP TWO COPIES OF THIS FORM IN THE ENVELOPE PROVIDED. THE BOTTOM COPY IS FOR YOU TO KEEP.**