MePFAC
Methylphenidate vs Placebo for Fatigue in Advanced Cancer

Centre Number: _____

Patient Screening Number for this trial: _____

CONSENT FORM (SCREENING AND ENROLMENT)

Methylphenidate versus placebo for fatigue in advanced cancer (MePFAC)

Chief Investigator – Professor Patrick Stone
Marie Curie Palliative Care Research Department, UCL

Please initial box

1. I confirm that I have read and understand the information sheet (MePFAC Participant Information Sheet (Study screening and enrolment) v13.0 01-Mar-2021) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. 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. ☐

3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the sponsor of the trial (University College London) and responsible persons authorised by the sponsor, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐

4. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the sponsor of the trial (University College London) and responsible persons authorised by the sponsor, from regulatory authorities or ☐

from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

5. I understand that my personal details will be collected and stored securely by the sponsor of the trial (University College London) and will be stored on an online database that is hosted on a secure encrypted server in Ireland by a company called Sealed Envelope, to allow research and clinical staff to contact me throughout the duration of the trial. Some of these details will also be shared with the NHS Information Centre so that my health can be tracked after the study is over. ☐

6. I understand that anonymised data collected for this research may be shared with other research groups or used for other research purposes after the completion of this trial. ☐

7. I agree to having a blood and urine test (if no suitable recent results are available) in order to determine if I am suitable for inclusion in the main study. I understand that my blood and urine sample will not be stored and will be disposed of according to standard local laboratory procedures. ☐

8. If I am found to be suitable, and I continue to agree to participate in the main study, I agree to my GP and other members of the healthcare team being informed of my participation in the study. ☐

9. If I am found to be suitable, and I continue to agree to participate in the main study, I understand that I will need to be contacted by telephone and by text/letter on a regular basis by the study team. I agree to be contacted by telephone, text message or by letters in the mail during the study. ☐

10. I agree to take part in the above study. ☐

Name of Patient	Date	Signature
Name of Person taking consent	Date	Signature

When completed: 1 for participant; 1 (original) for researcher site file; 1 to be kept in medical notes.