

The MARECA study - National study of management of breast cancer locoregional recurrence and oncological outcome

PATIENT CONSENT FORM

Please initial the statements below to show that you have read and agree to each one:

I confirm that I have read and understood the information sheet 26/10/2022 version 3.1 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I give permission for relevant information from my medical notes and hospital resource and management records to be collected as part of the study by authorised individuals from the clinical team.	
I understand I am under no obligation to join the study and that my participation is voluntary. I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	
I understand that if I withdraw from the above study, the data collected from me up until that point will be used in analysing the results of the study, unless I specifically withdraw consent for this.	
I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from Leeds Teaching Hospitals NHS Trust, from regulatory authorities or from 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.	
I understand all information collected will be accessible only to the clinical team. The data will be pseudonymised (de-identified) and stored within the participating NHS Trust and in the electronic research database (REDCap).	
I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers	
I understand data collected in this study may be processed outside my hospital. If the data leaves my hospital, it will at all times be subjected to appropriate safeguards, in accordance with General Data Protection Regulation and any applicable national law. I understand that any information that could identify me will be kept strictly confidential and that no personal information will be included in the study report or other publication	
I agree to take part in the above study.	

When completed: 1 for participant; 1 copy for research site file (original); 1 for medical notes.

Please initial the statements below to show that you have read and agree to each one:

OPTIONAL: I agree to donate surplus tissue samples from my original and recurrent breast cancer for additional related research (Tissue Sub Study) and the information will be shared with research collaborators, if necessary. I understand that donating samples is a gift for this research, that it is entirely voluntary and that I am free to withdraw my approval for use of the samples at any time without giving a reason and that my medical treatment or legal rights will not be affected by this voluntary donation.	
OPTIONAL: I would like to be contacted about the results of this study	

_____	_____	_____
Name of Patient	Signature	Date
_____	_____	_____
Name of Researcher	Signature	Date

When completed: 1 for participant; 1 copy for research site file (original); 1 for medical notes.