PARTICIPANT CONSENT FORM

Study Identification Number: MPR

Title of Project: **MISSION-Prostate** (**M**olecular **I**maging and **S**pectroscopy with **S**table **I**sotopes in **O**ncology and **N**eurology – Imaging metabolism in **prostate**)

Name of Chief Investigator: Dr Tristan Barrett

If you agree with each sentence below, please initial the box		INITIALS
1	I confirm that I have read and understand the patient information sheet version 5.0, dated 13th January 2026 for the above study and have had the opportunity to consider the information and 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 data collected as part of this study and sections of any of my medical records (where they are relevant to my taking part in this study) may be looked at by members of the research team, and also made available to the Trust Research & Development Department for audit and monitoring purposes. I understand that such access will be in accordance with GDPR and the Data Protection Act 2018 and medical confidentiality rules. I give permission for these individuals to have access to my records.	
4	I understand that data, images and samples collected as part of this study will be stored and used as described in the patient information sheet. This may include transferring in an anonymised fashion to research collaborators working in a similar field as part of an ethically approved study and that this may include transfer abroad and/or to commercial companies.	
5	I understand the risks associated with taking part in this study that are described in the patient information sheet and I agree to take part.	
6	I agree to allow an extra tissue sample to be taken during my clinical procedure as described in the patient information sheet and be analysed by researchers.	
7	I give permission for any samples or data collected prior to withdrawal of consent to be used as part of the study results.	
8	I give permission for a report of any unexpected abnormalities found during research procedures to be communicated to my clinical team.	
9	I give permission for my General Practitioner (GP) to be informed of my participation in this research.	
10	I agree to take part in the above study.	

Name of Research Subject *(Please print)*	Date	Signature

Name of Research Team member *(Please print)*	Date	Signature

3 copies required: top copy for researcher; one copy for participant, one in file