Informed Consent Form

Patient NHS Number:	
Study ID:	Microchip-based Lab-on-Chip system for detection of genetic biomarkers of colorectal cancer in blood or stool

	Initial boxes
1. I confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I confirm that I have had sufficient time to consider whether or not I wish to participate in the study.	
3. 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.	
4. I agree for my identifiable information (NHS number, name, address and date of birth) to be used by authorised NHS members of the study team to identify my medical records	
5. I agree for my blood sample to be collected and processed at Cambridge University Hospitals NHS Foundation Trust and tested with the Lab-on-Chip system either at Cambridge University Hospitals or at Imperial College London.	
6. I agree for my stool sample to be collected and processed at Cambridge University Hospitals NHS Foundation Trust and tested with the Lab-on-Chip system either at Cambridge University Hospitals or at Imperial College London.	
7. I understand that after my stool or blood sample is tested with the Lab-on-Chip system it will be discarded	
8. I understand that only authorised NHS members of the study team will have access to identifiable information, and the research team performing the test will have no access to such information. I understand that after collection, the stool and blood samples will be anonymised, and the research team will process and test the samples with only my unique project code and no personal details.	
9. I understand that Cambridge University Hospitals NHS Foundation Trust will hold my personal details in a secure environment for up to 5 years after the study has ended, in accordance with General Data Protection Regulation guidelines.	
10. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from Cambridge University Hospitals NHS Foundation as Sponsor, from regulatory authorities or from the study team, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
11. I understand that NHS members of the study team will access my medical notes and GP records for up to 12 months after I consent so that they can retrieve any diagnoses made which may be relevant to the study.	
12. [**OPTIONAL**] I agree to be interviewed by the study team or complete a questionnaire regarding the Lab-on-Chip test. The results of the interview or questionnaire will remain anonymised and only linked to my unique project code.	

Please initial one box:	I agree to this		I do not agree to this	
10. I agree to take part in the above study.				

Name of Participant	Date of consent	Signature
	(dd/mm/yyyy)	

Name of Person taking consent	Date of consent	Signature
	(dd/mm/yyyy)	