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CONSENT FORM
Lymphoma Study

Grid of 12 empty boxes for initials

Please initial the box if you agree with the statement.

Please Initial

- 1. I have read the patient information leaflet dated September 2002 (Version 2) and have been given a copy to keep. I have had the opportunity to ask questions about the study and I understand why the research is being done.
2. I understand that my participation in this study is entirely voluntary and that I will not benefit financially. I am free to withdraw my consent at any time without giving a reason and without my medical treatment or legal rights being affected.
3. I agree to be interviewed by a member of the research team who will ask some general questions about my residential, occupational, medical and family histories.
4. I agree to give a mouthswab sample and for this sample to be stored by the Epidemiology and Genetics Unit at the University of Leeds. I also understand that I will not be told the results from this sample.
5. I am aware that I may have already given a blood sample when my illness was first diagnosed; if this sample is not available, I agree to give a sample of my blood. I agree for this sample to be stored by the Epidemiology and Genetics Unit at the University of Leeds. I also understand that I will not be told the results from this sample.
6. I am aware that I have already given tissue samples when my illness was first diagnosed and I agree for these samples to be stored by the Epidemiology and Genetics Unit at the University of Leeds. I also understand that I will not be told the results from these samples.
7. I give permission for a member of the research team to access, examine and record information from my medical records.
8. I am happy for the research team to inform my GP that I am helping with this study.
9. If requested, I am happy to ask my family if they would like to assist in the study.
10. I understand that any information I give will be treated confidentially and will not be released in such a way that I, or my family members, could be identified.
11. I agree to be contacted again should any further research be necessary.
12. I agree that the information gathered about me and the samples I have given will be used for future research into the biological basis and treatment of lymphomas.

Column of 12 empty boxes for initials corresponding to the list items

Name (BLOCK CAPITALS)

Signature

Date

Name of witness (BLOCK CAPITALS)

Signature

Date