

# Legal Guardian Consent Form

## Mitotic Crossing Over and the Molecular Diagnostics of Retinoblastoma

I have read and I understand the information for this study, which examines the mechanisms by which abnormal genetic events occur in retinoblastoma. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.

I understand that my child's participation in this study is voluntary (my choice) and that I may withdraw my child from the study at any time and this will in no way affect my or my child's future health care.

I understand that my child's participation in this study is confidential and that no material, which could identify my child, will be used in any reports on this study.

I have had time to consider whether my child will take part.

I know whom to contact if I have any questions about the study.

I consent to the researchers storing a specimen of my child's blood and tumour tissue for its later use as a part of this study. YES/NO

I wish to receive a copy of the results YES/NO

Alternatively "I would like the researcher to discuss the outcomes of the study with me". YES/NO

I consent to my GP being informed of my child's participation in this study/the results of my child's participation in this study  
YES/NO

I am aware that the proposed study will involve analysis of my genetic makeup. I consent to such an analysis being performed  
YES/NO

I understand that if I consent to such analysis, no rights will be created for the researcher/sponsor to my genetic information.  
YES/NO

I, (full name) ..... hereby consent on behalf of my child to take part in this study.

Name of Child .....

Date

Signature      Signature of witness

Full names of Researchers      Name of witness

Contact Phone Number for researchers

Project explained by

Project role

Signature

Date

**(Note: A copy of the consent form to be retained by participant and (in the case of patients) copy to be placed in the medical file.)**

