

Adult Consent Form

Mitotic Crossing Over and the Molecular Diagnostics of Retinoblastoma

I have read and I understand the information sheet dated _____ for volunteers taking part in the 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 taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time and this will in no way affect my future health care.

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

I have had time to consider whether to 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 blood 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 participation in this study/the results of my 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 to take part in this study.

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) a copy to be placed in the medical file.)