

## The New Zealand Familial Breast Cancer Study (NZFBCS)

### Principal Investigators:

- Dr Logan Walker (Scientist) - logan.walker@otago.ac.nz
- Professor Bridget Robinson (Medical Oncologist) - bridget.robinson@cdhb.health.nz
- Dr Caroline Lintott (Genetic Associate) - caroline.lintott@cdhb.health.nz
- Jan Sullivan (Genetic Associate)- jan.sullivan@cdhb.health.nz

# CONSENT FORM

English	I wish to have an interpreter.	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae	Kao
Samoan	Oute mana'o ia iai se fa'amatala upu.	loe	Leai
Tongan	Oku ou fiema'u ha fakatonulea.	lo	Ikai
Cook Island	Ka inangaro au i tetai tangata uri reo.	Ae	Kare
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu.	E	Nakai

- I have read the Study Information and I have had the opportunity to ask questions and am satisfied with the answers I have been given.
- I have been asked to give permission for my tissue to be stored indefinitely in the Tissue Bank at Christchurch Hospital. This tissue will be frozen and used for research. This may include blood, extracted DNA, cell lines, and spare tissues in paraffin blocks or on glass slides.
- I understand that I will be contacted if future research discovers something about me that might affect my future health.
- I understand that I may be asked about approaching my relatives to join the NZFBC study
- I understand that gifting my tissue for research is voluntary.
- I understand that my tissue can be removed from the bank at any time at my request.
- I understand that if I choose not to gift my tissues for research, or if I request it to be removed after giving it, that this will not affect any present or future treatment.
- I have had enough time to consider whether to gift my tissue.

- **I consent to participate in the NZFBC study described in the information sheet. YES / NO**
- I consent to gifting a blood sample of up to 30 mls YES / NO
- I consent to researchers accessing my medical records YES / NO
- I consent to researchers accessing my genetic results (if applicable) YES / NO
- I give permission for findings of the NZFBC study which may affect close members of my family to be revealed to them if they request this information YES / NO
- **I consent to my tissue(s) being stored in the Tissue Bank, for later use in research which must be approved by an accredited Ethics Committee. YES / NO**
- I consent to my tissue(s) being sent overseas for use in collaborations with New Zealand researchers YES / NO
- I consent to my tissue(s) being used by commercial research organizations in collaboration with New Zealand researchers YES / NO
- I consent to any remaining tissue(s) being disposed of using standard disposal methods at the end of the research YES / NO
- I also choose to have my samples disposed of with an appropriate karakia YES / NO

**ETHNICITY: (as asked in the 2006 census)**

Which ethnic group do you belong to?  
 Mark the space or spaces which apply to you

- NZ European
- Maori
- Samoan
- Cook Island Maori
- Tongan
- Niuean
- Chinese
- Indian
- Other (such as Dutch, Japanese, Tokelauan), please state: .....

Name .....

Signature ..... Date .....

Witness: Name:.....Signature.....Date:.....

Role\*:.....

**\*Witness may be the person who gave the information before consent, or any responsible adult friend, relative or associate.**