

TRAPEZE

Research Trial of Treatments for Patients with Bony Metastatic Cancer of the Prostate

Patient Consent Form

I have been given a copy of the Patient Information Sheet (version 4, 12-Apr-2011) for this study. I have read and understood it and I have had the opportunity to ask questions and discuss the study.

Please initial

If I want to ask any further questions I understand that I may contact the Study Doctor or his/her colleagues or staff.

I understand that I must tell the Study Doctor (or his/her nominee) if I notice any unusual or unexpected effects or if my health changes.

I give permission for my GP to be informed of my participation and sent details of the study.

I give permission for my name and a copy of this consent form, to be given to the study office when I am registered into the study.

I understand that my medical records may need to be reviewed by responsible individuals from the trials office, or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. However, I understand that I will not be identified by name in any reports or publications resulting from this study.

I also understand that data collected about me for this study will be held under the provisions of the 1998 Data Protection Act and will be stored in manual and electronic files in a secure encoded format

I understand that I may withdraw from the Study at any time, without giving a reason and without affecting any medical treatment I will receive.

I give permission for ONS (Office of National Statistics) to pass information on from my records for the TRAPEZE trial.

I voluntarily agree to participate in the TRAPEZE study

I give permission for samples of tissue previously taken (Tissue blocks) and tissue left over from Surgery and routine investigations to be used for related laboratory research that may be conducted in the future. (If the answer to this question is 'NO', you may still take part in this study)

YES NO

I give permission for extra blood samples to be taken and used for additional related laboratory studies. I understand that I am free to withdraw my approval for use of these samples at any time without giving a reason and without my medical care and legal rights being affected. (If the answer to this question is 'NO', you may still take part in this study)

YES NO

I have been given a copy of the quality of life Patient Booklet and I agree to take part in the quality of life study. (If the answer to this question is 'NO', you may still take part in this study)

YES NO

Name of Patient

Signature

Date

I certify that I have explained to the above patient the nature and purpose, the potential benefits, and possible risks associated with participation in this research study. I have answered all questions that have been raised.

Name of Investigator

Signature

Date