

MRC CLL5 STUDY: PATIENT CONSENT FORM

Study Title: MRC CLL5 - A Medical Research Council prospective randomised study to compare autologous stem cell transplant versus no further treatment in patients with high risk chronic lymphocytic leukaemia who have achieved a good response to treatment

	Yes	No
I have read the patient information sheet for this trial and have received a copy to keep.	<input type="checkbox"/>	<input type="checkbox"/>
I have been given the opportunity to ask questions about the trial and have received satisfactory answers to all of my questions.	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	<input type="checkbox"/>	<input type="checkbox"/>
I accept that some of the blood and bone marrow samples taken may be used for biomedical research.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for responsible individuals from the trial research team and regulatory authorities to review my medical records.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that information which identifies me will be kept confidential to those concerned with my care and the trial research team.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the anonymised information provided for the trial to be used in future medical research.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the above study	<input type="checkbox"/>	<input type="checkbox"/>

Patient:

Name: Signature Date:
(Name In Block Letters)

Investigating doctor:

Name: Signature Date:
(Name In Block Letters)

Witness:

Name: Signature Date:
(Name In Block Letters)