Intra-operative sentinel node assessment

POSNOC - A randomised trial of armpit (axilla) treatment for women with early stage breast cancer

REC ref: 13/EM/0459
Name of Researcher: ***Local details to be added***
Patient Name:

Please initial boxes (To be completed by the patient)

		YES	NO
1.	I confirm that I have read, understood and received a copy of the information sheet dated XX/XX/XX(Final version 3) for the above study and have been given a copy to keep. I have had the opportunity to consider the information and to ask questions and have had these questions answered satisfactorily.	☐	
2.	I understand that my participation is voluntary, and that I am free to withdraw my consent at any time, without giving any reason, without my medical care or legal rights being affected.	☐	
3.	I understand that information from my medical notes and the data collected during the study, may be looked at by individuals from Derby Teaching Hospitals NHS Foundation Trust (sponsor) and other third parties appointed by the sponsor where it is relevant to my taking part in this research. I give permission for these individuals to have access to these records and for a copy of this signed consent form to be sent to the Nottingham Clinical Trials Unit. I understand that my personal details will be kept confidential.	☐	
4.	I give permission to my GP being contacted.	☐	
5.	I understand that information held by the NHS and records maintained by NHS Digital may be used to check my health status. I give my permission to register my identifiable details with NHS Digital.	☐	
6.	I understand that my personal details will be held by SHORE-C, (University of Sussex) and NCTU (University of Nottingham) and will be used to contact me by post and telephone. I give permission for this information to be kept and for these individuals to contact me. *This is optional and you can still take part in the study if you answer 'No''.*	**YES** ☐	**NO** ☐
7.	I agree to donate tissue routinely obtained to make the diagnosis or treat cancer for possible use in future ethically approved research. I understand that these samples will be stored and may be transferred to a licensed biobank. *This is optional and you can still take part in the study if you answer 'No''.*	**YES** ☐	**NO** ☐
8.	I would like to receive a summary of the results at the end of the study. *This is optional and you can still take part in the study if you answer 'No''.*	**YES** ☐	**NO** ☐
9.	I understand that I will only be able to participate in the study if during surgery I am confirmed as eligible for the trial, and I agree and accept the randomization allocation at the time of surgery.	☐	
10.	I agree to take part in the above study	☐	

Your signature confirms that you have had an opportunity to ask questions and all questions have been answered. You will be given a signed and dated copy of this consent form to take away with you.

Name of patient (Print)	Signed	Date
Name of Person taking consent	Signed	Date

Funded by NIHR

On headed paper

When completed, 1 Copy for Patient, 1 Copy for Researcher, 1 Copy for Hospital Notes and 1 copy to the NCTU.

The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.