



Australian National Endometrial Cancer Study

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CONSENT FORM

CONSENT FOR RESEARCH

I have read this Information Brochure, the consequences involved in participation in this research study have been explained to me and I understand them, and I have had an opportunity to ask questions and am satisfied with the answers I have been given YES []

I _____ (please print name) hereby voluntarily consent to:

- (1) Participate in the ANECS study as described in the Information Brochure YES [] NO []
(2) The following samples being collected and used for biochemical and genetic analysis as described in the Information Brochure:
a. A small (30mls) blood sample YES [] NO []
b. A tissue sample NOT APPLICABLE [] YES [] NO []
(3) Allow the ANECS researchers access to my:
- medical, oncology and pathology records (including tissue blocks / slides) from any treatment centres YES [] NO []
- clinical cancer genetic test resultsNOT APPLICABLE [] YES [] NO []

I wish to be contacted if findings are made that have implications for me or my family YES [] NO []

I give permission for these findings to be revealed to close members of my family if they request this information YES [] NO []

In making my donations I understand that:

- My questionnaires, tissue/blood (including its constituents and anything derived from it), and any data generated from them during the course of research, will be stored indefinitely at QIMR and will be used for this and future studies of cancer. The data and samples will remain in the custody of the QIMR and will not be used for purposes other than those agreed to in this consent form.
• All studies using my samples and associated data will have to be approved by the Human Research Ethics Committee at QIMR to ensure that they conform with the ethical and scientific principles set out by the National Health and Medical Research Council of Australia, the Privacy Act 1988 and the Guidelines approved under section 95A of the Privacy Act (2001). I will not be notified about future use of my samples and associated data.
• The questionnaires, samples, and any data generated from them, will be stored in a coded system to ensure confidentiality.
• There will be no cost, nor any financial benefit to me for participating in the study. If my samples lead to the development of a commercial product in the future I will not receive payment for this.
• I will only be contacted about research results if I have requested this. To receive genetic results of significance to myself or my family, I will be required to undergo genetic counselling, and provide a second blood sample to verify research test results under the strict laboratory procedures of a clinical genetic testing service.
• If at any time I decide that I no longer wish to participate in the study, my samples and associated data will be discarded upon my written request to the Study Investigators. This will not affect my future medical treatment.
• I may be approached again to participate in future studies but I am under no obligation to do so.

SIGNATURE: Date:

WITNESS: Name: Signature:

Address: Date:
(witness may be any responsible adult friend, relative or associate)