REGISTRATION CONSENT FORM
For the FOCUS4 Trials Programme in colorectal cancer

Date: February 2013, version 1.0

Centre name and number: ………………………………………………………………

Patient Registration ID number: ………………………………………………………………

Please initial boxes:

1. I confirm that I have read and understand the Patient Information Sheet 1 - consent step 1 (Version 1.0, February 2013) for the above research study and have been given a copy to keep. I have had the opportunity to ask questions and am satified with the answers to my questions.

2. I understand that sections of any of my medical notes may be looked at by individuals from organisations involved in developing and running the trial (e.g. MRC CTU), or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records, but understand my confidentiality will be maintained.

3. I give permission for a sample of my stored tumour to be sent for specific tests at the central laboratory as required for FOCUS4 .

4. I give permission for a copy of my consent form to be sent to the local pathology department (where it will be kept in a secure location), to authorise the release of my pathology block and to the MRC CTU where once checked, the consent form will be destroyed.

5. I understand 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.

6. I agree to take part in the above research study.

   For the following questions (7- 9)if you do not wish to give this permission, please tick the "No"box – you can still participate in the main research.

                                                       Yes   No

7. I give permission for my name to be registered with the Office of National Statistics (ONS) or traced via the NHS Strategic Tracing Service should I lose contact with my hospital doctor. I give permission for information about my health status to be obtained from the ONS and/or the NHS Strategic Tracing Service by the Medical Research Council if necessary.

                                                       Yes   No

8. I give permission to take blood samples including the DNA to be used for future bowel cancer research.

                                                       Yes   No

9. I give permission for my stored pathological material to be used for future bowel cancer research.

Name of Patient	Date	Signature
Researcher	Date	Signature
Name of Person taking consent (if different from researcher)	Date	Signature