Salivary Gland Cancers Registry - Consent Form

Consent form for patients aged 16 years and above, deemed to have capacity to consent

Before signing this consent form, please read carefully the accompanying patient information leaflet (version: 1.2, Date: April 4th, 2023) and ask questions to your clinical team. Once you are satisfied, please complete the consent form below to show whether or not you consent to the collection of your personal information and sign this form.

Please **initial** the boxes below

1. I confirm that I have read and understand the patient information leaflet (version 1.2, date: April 4th, 2023) describing the registry and potentially associated work and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I am fully aware that the project collects personal information about me and that I will remain anonymous. ☐
4. I understand that I have the right to withdraw my consent at any time without giving a reason and that my care will not be affected. ☐
5. I agree to having my personal health data stored in this database at the Barts' Cancer Centre ☐
6. I agree to have images and samples of my blood/tissue collected from any procedures that would have been undertaken as part of my treatment, to be accessed for review and secondary research. ☐
7. I understand and agree that data from the study can be used in future research and that data would be completely anonymised. ☐
8. I am fully aware that data collected will be stored securely, safely and in accordance with Data Protection Act (2018) and the General Data Protection Regulation (GDPR). ☐
9. a. I AGREE to take part in this project and for my information to be collected. ☐

   b. I DO NOT AGREE to take part in this project and for my information to be collected ☐

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Name of the person taking consent	Signature	Date

If you would like further information or have any questions, please contact:

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One copy of this form should be given to the patients, one copy kept in the patient's note and the original copy kept by the treating team.