

CONSENT FOR RESEARCH

STUDY COPY

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

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

- (1) Participate in the research study as described in the Information Brochure (including answering a survey form) YES NO
- (2) The following samples being collected and used for laboratory analysis as described in the Information Brochure:
 - a. A small (30-40 mls) blood sample YES NO
 - b. Any tissues sampled or removed and surplus to pathology YES NO
 - c. Extra biopsies to be taken during my endoscopy YES NO
- (3) Allow the researchers access to my medical, oncology and pathology records (including material such as tissue blocks and slides if applicable) YES NO
- (4) Allow the researchers access to my Medicare Australia records YES NO
- (5) Allow my tissues to be used for genetic research (including genetic testing) YES NO
- (6) I wish to be contacted if findings are made that have implications for me or my family YES NO
- (7) I give permission for these findings to be revealed to members of my family if they request this information YES NO

In making my donations I understand that:

- The tissue/blood (including its constituents and anything derived from it) will be stored indefinitely at one or more of the collaborating institutions and will be used for this and future research.
- The samples and questionnaires will be stored in a coded system to maintain 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.
- If at any time I decide that I no longer wish to participate in the study, my samples will be discarded upon my written request to the Study Investigators. This will not affect my future medical treatment.
- The samples will remain the property of the institution at which they are stored. They will be stored in good faith, but their suitability for future use cannot be guaranteed. Samples will not be used for purposes other than those agreed to in this consent form.
- All studies using my samples will have been approved by a Human Research Ethics Committee and will have to 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.
- I may be approached again to participate in future studies but I am under no obligation to do so.

SIGNATURE: Date:

WITNESS: Name:

Address:

Signature: Date:

CONSENT FOR RESEARCH

PARTICIPANT COPY

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

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

- (1) Participate in the research study as described in the Information Brochure (including answering a survey form) YES NO
- (2) The following samples being collected and used for laboratory analysis as described in the Information Brochure:
 - a. A small (30-40 mls) blood sample YES NO
 - b. Any tissues sampled or removed and surplus to pathology YES NO
 - c. Extra biopsies to be taken during my endoscopy YES NO
- (3) Allow the researchers access to my medical, oncology and pathology records (including material such as tissue blocks and slides if applicable) YES NO
- (4) Allow the researchers access to my Medicare Australia records YES NO
- (5) Allow my tissues to be used for genetic research (including genetic testing) YES NO
- (6) I wish to be contacted if findings are made that have implications for me or my family YES NO
- (7) I give permission for these findings to be revealed to members of my family if they request this information YES NO

In making my donations I understand that:

- The tissue/blood (including its constituents and anything derived from it) will be stored indefinitely at PMCC or at one or more of the collaborating institutions and will be used for this and future research.
- The samples and questionnaires will be stored in a coded system to maintain 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.
- If at any time I decide that I no longer wish to participate in the study, my samples will be discarded upon my written request to the Study Investigators. This will not affect my future medical treatment.
- The samples will remain the property of the institution at which they are stored. They will be stored in good faith, but their suitability for future use cannot be guaranteed. Samples will not be used for purposes other than those agreed to in this consent form.
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Address:

Signature: **Date:**