Insert logos and letterhead here

For office use only: (***use the yellow part for Cohort ID**: BREAST = **B** / NHL = **N** / OVARIAN (incl. peritoneal & fallopian tube) = **O** / CERVICAL = **C** / ENDOMETRIAL = **E** / VULVAL = **V**)*

Study ID ☐☐ / ☐☐ / ☐☐☐☐

Pt Initial ***Site ID*** ***Consecutive Study number***

Central Research Office: Tel: 023 8059 6885
Chief Investigator: Professor Claire Foster
Local Principal Investigator: *[insert name & contact details]*

CONSENT FORM FOR PARTICIPANTS

Title of project: HORIZONS study: Understanding the impact of cancer diagnosis and treatment on everyday life

Please read the following statements, and if you agree with them, **put your initials** in the space next to each statement. Please do not hesitate to ask any questions you may have.

1.	I confirm that I have read the information sheet *([insert version number and date])* for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2.	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.	
3.	I understand that the information held and maintained on national databases such as NHS Digital and other central UK bodies may be used to help contact me or provide information about my health status.	
4.	I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the University of Southampton, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
5.	I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.	
6.	I understand my GP will be informed of my participation in this study, and may be contacted at study time points to check how I am.	

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Study ID ☐☐ / ☐☐ / ☐☐☐☐

Pt Initial ***Site ID*** ***Consecutive Study number***

7.	I agree that anonymous quotations can be taken from what I say in the questionnaire and used in reports and publications. I understand that the researchers will not refer to my name.	
8.	I understand that if I am unable to participate in the study for any reason, or withdraw from the study, that data collected until that point may be kept and used unless I contact the researchers to request it is not used.	
9.	I agree to take part in the study.	
Optional		
10.	I am willing to be contacted about participating in future research associated with this project.	
11.	I am willing to receive study updates in newsletters posted or emailed to me at intervals during the study and after the study ends.	
12.	I would like to receive summary study results at the end of the study.	

Print Name	**Date**	**Signature**

Consenting Researcher Name	**Date**	**Signature**

(Copy to coordinating centre, copy to patient, copy to notes, and copy to Investigator Site File)