

The LARyngeal Cancer cohort (LARCH) Chief Investigator: Mr David Hamilton

CONSENT FORM

Participant name:

Patient Identification Number for this study:

Please initial all boxes

1. I confirm that I have read and understood the patient information sheet
(Version ____ Dated _____) ☐
2. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
3. 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, but information collected up to that point will be kept by the study team. ☐
4. I understand that the study team may withdraw me from the study and that my medical care or legal rights will not be affected. ☐
5. I understand that my GP will be informed of my participation in this study. ☐
6. I understand that relevant sections of my medical notes, records and results may be looked at by authorised individuals from my local research team or Newcastle upon Tyne Hospitals and Newcastle University (as the lead organisations for this study) where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
7. I agree for my clinical information, scans and voice recordings, as outlined in the patient information sheet to be collected, analysed and stored. ☐
8. I agree for my information, gathered from this study, to be stored long term on a secure database anonymously. ☐

In addition to participation in LARCH, the study team would offer the option to take part in additional study options. Please indicate your preferences below, please note, this **does not** affect your agreement to the above statements or inclusion within the study.

9. I agree for my information and samples collected as part of this study to be used in future research studies which have received appropriate ethical approval and all material stored will meet the requirements of the Human Tissue Authority (HTA). ☐
10. I agree to the use of my sample(s) in research and storage of my sample(s) in a biobank for use in future research projects. I give my permission for my DNA to be tested for the purpose of research I understand that the donation of my samples is a gift, and I will not obtain any personal gain. I give permission for my samples to be used by commercial partners (e.g. drug companies) whereby any profits generated will be re-invested in further research or patient care, knowing that I will not receive a share of such profits. I give my permission for my samples to be sent to centres outside the UK. ☐

When completed: original for medical notes, 1 original or photocopy for the patient, 1 original or photocopy for the site file.

11. I agree to be contacted in the future for collection of additional information regarding this study. ☐
12. I agree to be contacted regarding future research studies that may be relevant to me. I understand that I will be provided with full information regarding these studies and that I am free to decide whether to participate in them or not. I agree for my contact information to be stored on a secure database. ☐

Participant signature	Participant name	Date
Researcher signature	Researcher name	Date