



ARTISTIC

A Randomised Trial In Screening To Improve Cytology



THE UNIVERSITY  
of MANCHESTER

**Principal Investigator: Professor Henry C Kitchener, Professor of Gynaecological Oncology**

Trial Co-Ordinator: Paula Wheeler Telephone: 0161 000 0000 Fax: 0161 000 0000

Trial Number 

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Consent Form

**Tick Box**

1. I confirm that I have read and understand the Information Leaflet dated 28/04/03 (version 7) for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason, without my medical care or legal rights being affected.
3. I understand that relevant sections of any of my medical notes maybe looked at by responsible individuals from the Health Technology Assessment or from regulatory authorities. I give permission for these individuals to have access to my records.
4. I agree to take part in the above study and to be randomised into one of two groups.

.....  
Name and date of birth of patient

.....  
Date

.....  
Signature

.....  
Address and Post Code

.....  
Contact Telephone Number

.....  
NHS Number

.....  
Name of person taking sample

.....  
Date

.....  
Signature

.....  
Clinic / Surgery Details

5. In addition, I AGREE to my HPV sample being retained for future research. This will be stored anonymously. I understand that if I do not agree my sample will be destroyed at the end of the research study.

.....  
Name and date of birth of patient

.....  
Date

.....  
Signature