

(Form to be on headed paper)

Study Number:

PATIENT CONSENT FORM

Title of Project: COMICE Trial – Examining the comparative effectiveness of contrast-enhanced high field MRI in women scheduled for wide local excision

Research Nurse:

**Please initial
box**

1. I confirm that I have read and understand the information sheet dated (version) 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 any reason, without my medical care or legal rights being affected.

3. I understand that sections of any of my medical notes may be looked at by responsible individuals from the research staff or from regulatory authorities where it is relevant to my taking part in research; I give permission for these individuals to have access to my records ...

4. I understand that my medical data will be collected for this study and may be used to help develop new research, and that data protection regulations will be observed and strict confidentiality maintained.

5. I consent to donation of surplus tissue left over from my breast surgery, that is not required for diagnosis and treatment, to be used for laboratory research into breast disease.

6. I consent to the storage, including electronic, of personal information for the purposes of this study. I understand that any information that could identify me

will be kept strictly confidential and that no personal information will be included in the study report or other publication.

7. I agree to take part in the above study.

Name of Patient

Date

Signature

Name of Researcher taking consent Date

Signature

1 for patient; 1 for CTRU; 1 to be kept with hospital notes