

# CONSENT FORM

## A Comparison of TOMosynthesis with Digital MammographY in the UK Breast Screening Programme (TOMMY Trial)

### Please initial box

1. I have read and understand the Information Sheet (Version 2.0 Dated 7<sup>th</sup> June 2010 ) 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. I understand that withdrawal would not affect my medical care or my legal rights.
3. I give permission for authorised researchers and responsible individuals from regulatory authorities or from the NHS Trust or Board or University of Aberdeen to look at relevant sections of my medical notes if required.
4. I agree to the transfer of my data and images out with the European Economic Area for use in future research.
5. I understand that information held by the NHS, NHS Information Centre and NHS Central Register may be used to provide information about my health status
6. I agree to my GP being informed of my participation in the study.
7. I agree to take part in the above study

Name of participant	Date:	Signature:
Name of Person taking Consent: (if different from researcher)	Date:	Signature:
Researcher:	Date:	Signature:

White: Site File; Blue: Participant; Pink: Breast Screening Records