

## CONSENT FORM

### Reducing Cancer Risk in Social Networks of Bowel Cancer Survivors

Participant ID:

Please initial box

1. I confirm that I have read and understand the participant information sheet (version 8.0, 12<sup>th</sup> November 2018) for the above study and have had the opportunity to consider the information and 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 relevant sections of data collected during the study **may** be looked at by individuals from the regulatory authorities and from the Sponsor(s) (NHS Lothian and the University of Edinburgh) or from the/other NHS Board(s) where it is relevant to my taking part in this research. I give permission for those individuals to have access to my records
4. I agree to my General Practitioner being informed of my participation in this study
5. I understand that the results of this study may be used for future commercial development of products/tests/treatments and I will not benefit financially from this.
6. I consent to any data collected to be used should I be withdrawn from the study in the event of losing capacity to provide consent.
7. I consent to being contacted in the future by the research team as part of any follow-up research studies. **Yes / No**
8. I understand that data collected about me during the study may be converted to anonymised data.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

1x original – into Site File; 1x copy – to Participant; 1x copy – into medical records