To be printed on hospital headed paper

Consent Form: Part 1

Study title: **A randomized trial for adults with newly diagnosed acute lymphoblastic leukaemia**
Short title: **UKALL14**
Version: **1.2**
Date **29.04.2015**
Centre Name: _____ Trial Number: _____

	Name of Researcher:	**Please initial to agree**
1.	I confirm that I have read and understand the information sheet dated..... (version.....) 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 in the trial is voluntary and that I am free to withdraw at any time, without giving any reason, without affecting my medical care or other legal rights.	
3	I understand that samples of my blood and bone marrow will be taken and sent to named personnel within the NHS for further analysis.	
4.	I understand that sections of any of my medical notes may be looked at by responsible individuals involved in the running of the trial (including trial staff based at UCL CTC), or authorised personnel from the NHS Trust R & D for audit or other regulatory authorities where it is relevant to my taking part in research, and that I may be followed up through usual NHS mechanisms (e.g. NHS Information Centre). **All access to my data must be compliant with the Data Protection Act 1998.** I give permission for these individuals to have access to my records.	
5.	I understand that information from my medical notes, including my initials, date of birth and NHS number will be passed to the local Registry, the Regional Cancer Registry, the Minimal Residual Disease laboratory at UCL Cancer Institute, the Leukaemia Research Cytogenetic Group and appropriate central trials offices. In all cases personal details will be treated with the strictest security and confidentiality. I understand that information collected for the trial may also be used by investigators working on the trial outside the EU, possibly in the United States. I give permission for your information to be collected, stored, passed on for national registration and used for research in these central trials offices, laboratories and by investigators outside the EU, possibly in the United States	
6.	I understand that my General Practitioner will be informed of my treatment and may be contacted to supply details of my progress.	
7.	I agree to take part in the above study.	

Name of patient	Date	Signature
Name of person taking consent (if different from researcher)	Date	Signature
Researcher	Date	Signature

(3 copies: 1 for patient, 1 for researcher, 1 to be kept with hospital notes)

To be printed on hospital headed paper

Consent Form: Part 2

Study title: **A randomized trial for adults with newly diagnosed acute lymphoblastic leukaemia**

Short title: **UKALL14**

Version: **1.2**

Date **29.04.15**

Centre Name: _____

Trial Number: _____

	Name of Researcher:	**Please initial to agree**
1.	I understand that part of the diagnostic material taken prior to entering this study may be recalled for use in future research. I understand that this will anonymised and linked to the trial data through my unique trial number, date of birth and initials. No other personal data will be held. I understand separate ethics approval will be sought before the use of this material for future studies, but that I will not be contacted further about this. Future research may involve molecular, genetic and tissue microarray studies, or new techniques.	☐
2.	I give permission for any surplus blood and bone marrow samples left over to be donated to a cell bank.	☐

Name of patient	Date	Signature
Name of person taking consent (if different from researcher)	Date	Signature
Researcher	Date	Signature

(3 copies: 1 for patient, 1 for researcher, 1 to be kept with hospital notes)