

Centre Number:
 Study Number: ISRCTN Number 22488978
 Patient identification number for this trial:

CONSENT FORM

Thank you for reading the information about our research project. If you would like to take part, please read and sign this form

Title of Project: **United Kingdom Collaborative Trial of Ovarian Cancer Screening (UKCTOCS)**

Name of Local Researcher:

Please initial box

1. I confirm I have read and understand the information sheet (Version 7, March 2004) for the above study and have had the opportunity to ask questions.	
2. I understand that my participation is voluntary and I agree to give samples of blood for research. I understand how the sample will be collected and that I am free to withdraw my approval for use of the sample at anytime, without giving any reason and without my medical care or legal rights being affected.	
3. I give permission for individuals from the UKCTOCS research team to access my medical notes for information relevant to the research. I understand that regulatory authorities may also access this information.	
4. I understand any information I give will be treated in confidence.	
5. I understand that I will not benefit financially if this research leads to the development of a new treatment or medical test.	
6. I agree that the sample I have given and the information gathered can be stored by the custodians, University College London for possible use in future projects, as described in the information sheet. I understand that this material may be used for future research projects and that researchers other than those named above may carry out some of these projects. This may include researchers from commercial companies. I understand that my right to confidentiality will be protected at all times.	

 Name of Volunteer

 Date

 Signature

 Name of person taking consent
 (if different from researcher)

 Date

 Signature

 Researcher

 Date

 Signature

(1 for patient; 1 for researcher; 1 to be kept with hospital notes)