

Subject ID Number: <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">P</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="margin-right: 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>	Study: PROSTAGRAM 18HH4595	Date: <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>
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CONSENT FORM

The PROSTAGRAM Study

Prostate Screening Trial using A Group of Radiological Approaches including MRI and ultrasound.

Chief Investigator: Professor H. U. Ahmed

Please, put your
initial in **each** of
the boxes below

I confirm that I have read and understood the Participant Information Sheet (version V1.1, dated 31st Aug 2018) for the above study. I have had the opportunity to ask questions and have these answered satisfactory.

I confirm that I have had sufficient time to consider whether or not to participate in this study.

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.

I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the sponsor of the trial (Imperial College London) and responsible persons authorised by the sponsor, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.

I agree to my GP being informed of my participation and the results of the study.

I agree to take part in the above study.

This is page ONE of TWO

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Optional

Please, put your
initial in **each** of
the boxes below

I give permission for additional blood to be taken for Episwitch testing, which will look for changes in your genetic material (DNA or RNA) to find markers which could be related to prostate cancer. I give permission for my samples to be sent outside of Imperial College and analysed by external contractor, Oxford Biodynamics. I understand that my samples will be stored securely by Oxford Biodynamics until study completion and then destroyed. ***(If you do not wish to give this permission, do not initial – you can still participate in the study).***

I give permission for additional blood and urine samples to be taken for biobanking. These samples may in future undergo further analysis if new biomarkers are discovered that may be of clinical use in diagnosing prostate cancer. I understand that samples will be stored securely within approved Imperial College Healthcare Tissue Bank facilities and may be sent outside of Imperial College. Further ethical approvals will be sought and obtained for the use of these samples. ***(If you do not wish to give this permission, do not initial – you can still participate in the study).***

A MRI scan and 3-dimensional Ultrasound is performed as part of this study. I give permission for the storage and use of MRI and Ultrasound imaging data for further research ***(If you do not wish to give this permission, do not initial – you can still participate in the study).***

I give permission for my name to be used to obtain information about my health status from records held by the NHS and maintained by the NHS Information Centre and the NHS Central Register or any applicable NHS information system (including linkage to routine hospital admission data). I give this consent solely so that researchers may follow up on my health status after my participation in the study ***(If you do not wish to give this permission, do not initial – you can still participate in the study).***

I give permission for my partial postcode to be recorded and stored. This will be used for research purposes only and will remain confidential ***(If you do not wish to give this permission, do not initial – you can still participate in the study).***

I give permission to be contacted within 10 years, after the study has ended, by a member of the PROSTAGRAM research team to assess my willingness to complete a questionnaire on my health status and quality of life. ***(If you do not wish to give this permission, do not initial – you can still participate in the study).***

I acknowledge that the only people in Imperial College London or Imperial College NHS Trust, who have access to information that identifies me, will be those collecting data to answer the study question or to audit the data collection process. ***(If you do not wish to give this permission, do not initial – you can still participate in the study).***

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature

Please give one copy of the consent form to the patient, file one copy in the patient's medical records, and retain the original in the Investigator Site File