



# Consent Form

The Kathleen Cuninghame Foundation  
National Consortium for Research on Familial Breast Cancer  
(www.kconfab.org)

**Chief Investigator:** Professor Joe Sambrook  
*Peter Mac Callum Cancer Centre, Melbourne (Victoria)*

**Local Investigator:**

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- Your participation would be voluntary
  - This form has been designed to ensure that your consent is on an informed basis.
  - Please read and consider each section carefully.

**Your name and contact details:**

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>e-mail</b>	
<b>Our ID code:</b>	

**General consent**

The general purposes and demands of this study have been explained to me. I understand that the investigators will conduct this study in a manner conforming with the ethical and scientific principles set out by the National Health and Medical Research Council of Australia

I understand that:

1. as a result of my participation, personal details will be recorded and stored in a coded format on a database (register). Samples of my genetic material (DNA), blood cells and tissue (if applicable) may also be stored in a central location and made available for scientifically and ethically approved research projects.
2. this research has been approved by the Human Research Ethics Committees of all participating institutions.
3. I will receive a signed copy of this form and a copy of the Participant Information Sheet which I have read and understood.
4. there will be no additional charges if I choose to participate, nor any financial benefit.

5. I have had the opportunity to consider whether or not to participate. .

6. my participation is completely voluntary and it is possible to withdraw from the study at any stage, without prejudice to my health care.

I give permission for my relatives to be offered participation in this study\* (please tick Yes or No).

Yes  No

\* By ticking "Yes" I understand that I will be asked to approach my relatives before they are contacted by the research team.)

I wish to be informed if the study finds a mutation in a cancer susceptibility gene within my family (please tick Yes or No).

Yes  No

Please note that no individual genetic test results will be available directly from the study. However, if the study finds a mutation in a member of your family, individuals within the family can then be tested through a Family Cancer Clinic. A second blood sample will be required and the Family Cancer Clinic will provide counselling (information and advice).

**CONSENT FOR RESEARCH as detailed on pages 1-2 of this form**

- .....(Doctor or Health Professional) has explained the research to me and I understand the consequences of participation in this research study.
- I have read and understood the Participant Information Sheet
- I have had an opportunity to ask questions.
- I am satisfied with the explanation and answers to my questions.
- I consent to information regarding my history of cancer being obtained from my medical practitioners and associated hospitals.

.....  
Signature of Test Subject/Guardian

.....  
Date

**Independent Witness** (someone who is not a member of the research team)

**Name**

**Address**

.....  
Signature of independent witness

.....  
Date

**Explanation of terms used in the consent form**

**Cancer predisposition gene mutation:** Changed DNA codes which gives rise to an increased risk of certain cancers

**Should you wish to make a complaint about the conduct of the research project, please contact the Patient Representative at the Peter MacCallum Cancer Centre on (03) 9656 1699 (see details on Participant Information Sheet).**

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**Permission to collect personal and family information for kConFab**

I \_\_\_\_\_

Of \_\_\_\_\_

give permission for the kConFab research nurse from the Family Cancer Clinic, at the Peter MacCallum Cancer Centre, to collect and record medical information and if relevant, samples of tissue, on myself and/or on deceased family members whose diagnoses are relevant to this study and for the appropriate medical practitioners, hospitals and cancer registries to release the information and/or material, for use in the above study.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_