CONSENT FORM

Plasma biomarkers in stratifying patients referred via the lower gastro-intestinal (LGI) suspected cancer two-week wait (2WW) pathway

MOTION study

IRAS: 321809

Participant ID: ☐☐☐-☐☐☐

Please initial box. Do not tick

Please read the statements below. Put **initials** of your name in the boxes if you agree, put an X in any box where you do not agree and sign the form. **Use BLACK pen only**

1. I confirm that I have read and understand the Patient Information Sheet dated **[DATE]** (version **[VERSION NUMBER]**) for MOTION study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my care or legal rights being affected.	
3. I agree that confidential study data collected prior to my withdrawal from the MOTION study can be used in the study reports. I understand that if I lose capacity to consent during the study I will be withdrawn and the agreed data already collected can be used.	
4. I understand that relevant sections of my medical notes and data collected during the MOTION study may be looked at by individuals from the Queen Mary, University of London (QMUL) or Barts Health NHS Trust (BHT). I give permission for these individuals to have access to my records.	
5. I agree for my contact details and identifiable personal data to remain within the study site (QMUL or BHT). I understand that coded personal data, including data from medical records and study-specific data, may be shared with collaborators within the EU for the purposes of research and data analysis.	
6. I agree to my GP or/ and referring doctors being informed of my participation in the MOTION study.	
7. I understand that the study data collected will be used for medical research only. I will be given a Unique Identification Number (UIN/ Patient ID) in order to ensure that my data is confidential and will not directly identify me.	
8. I agree my confidential study data can be used in the analysis and reporting of the study findings.	
9. I understand that participants will be asked to give a 20 millilitres of blood sample, to be taken in clinic or in endoscopy or in the radiology department. I consent to having my blood drawn.	
10. I understand that a laboratory will analyse my blood sample and the MOTION study team will record this information.	
11. I understand that a part of my blood sample will be transported to our collaborators in France. A portion of the blood sample collected for this study will be sent to Progastrin Manufacturing, Biodena Care, located at Cap Sigma-Zac Euromedicine II, 1682 Rue de la Vasière, 34790 Grabels, France, for the purpose of biomarker analysis.	
12. I understand that this MOTION study also involves the analysis of my DNA and RNA from plasma and I agree for genetic analysis to be done.	
13. I understand that the storage of my samples will be pseudonymised (labelled with an ID number instead of personally identifying information) and outcomes of the analysis are unlikely	

to have any implications for me personally.	
14. I understand that my contact details will be kept in order for the study team to communicate with me about the study and for QMUL to retain study-related information for 5 years after the study ends, after which point all study materials will be destroyed.	
15. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from QMUL or BHT, 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.	
16. I agree to take part in the study.	
17. OPTIONAL I agree to be contacted by the study team to complete a survey at the end of the two-week wait pathway using my contact details.	
18. OPTIONAL I prefer to be informed and receive information about this questionnaire through the following methods. □ email □ post □ phone interview □ SMS	
19. OPTIONAL 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.	
20. OPTIONAL Following the present study, any residual (left-over) plasma may be stored and used by the research team at QMUL, for future research studies. Any future studies will have Ethics Committee permission.	
21. OPTIONAL I agree to be contacted about future related studies.	

Print Name of Participant:	Date:	Participant's Signature:
Print Name of person taking consent:	Date:	Signature of person taking consent: