

Hospital Number:  
Male/Female:



**ASCARA**

**CONSENT FORM**

**Multinational Anal Squamous Cell  
Carcinoma: Registry and Audit.**

**IRAS: 335443**

1. I confirm that I have read and understand the participant information sheet dated 19/11/23 version 1.6 for the Multinational Anal Squamous Cell Carcinoma Registry and Audit and have had the opportunity to ask questions which have been answered fully.

2. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my legal rights nor treatment / healthcare being affected.

3. I understand that sections of any of my medical notes may be looked at by responsible individuals from [Enter Trust Name] NHS Trust or from regulatory authorities where it is relevant to my taking part in this research.

4. I give consent for information collected about me to be used to support other research on anal cancer or in the development of a new test, medication, medical device or treatment for anal cancer by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).

5. I agree that members of the research team may review previous anoscopy attendance and screening results and, where applicable will include this data in the study.

6. I understand that data collected from me are a gift donated to Imperial College and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication treatment, product or service.

7. I give consent to being contacted about the possibility to take part in other research studies on anal cancer.

Yes

No

8. I understand that the results of the study may be used to support other ethically approved research in the future and may be shared anonymously with other researchers worldwide.

9. I consent to take part in the Multinational Anal Squamous Cell Carcinoma Registry and Audit.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please note, all references to 'other research' refer to projects around and limited to the topic of anal cancer.

1 copy for participant; 1 copy for Principal Investigator 1 copy for hospital notes

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format