



CONSENT FORM

I, the undersigned, hereby voluntarily consent to have my tissue and / or blood samples tested by Xing Cancer Care. I acknowledge that the nature, purpose, cost, benefits and risks of the test and alternatives have been fully explained to me to my satisfaction.

Specifically,

- I freely agree to have my tumour sample tested by Xing Cancer Care according to the conditions in the Participant Information Sheet, which I confirm has been provided to me;
- I understand that my tumour samples retrieved from the host pathology laboratory will be tested and stored at XING Cancer Care facilities;
- I confirm that I have not been pressured to consent to undertake the test;
- I have been given the opportunity to have a member of my family or another person present while the purpose, cost, benefits and risks of the test were explained to me;
- I understand that the genetic information obtained from my tumour and blood samples will be masked by the laboratory to minimise the chance of finding unexpected genetic information that is not relevant to my cancer or a related cancer type;
- I understand that the results of my blood test, if I elect below to have my blood sample tested, may have implications for other members of my family;
- I understand, if I elect to have my blood sample tested, that it will be my choice whether or not to share my results with other members of my family;
- I understand that I will be referred to a genetic counsellor should my blood sample reveal information of relevance to other members of my family to help me with my choice;
- I have been told that no information regarding my medical history will be divulged to unauthorised third parties and the results of any tests involving me will not be published so as to reveal my identity;
- I am at least 18 years of age;
- I understand that I will be paying for the full cost of the genomic test if my samples are determined by Xing Cancer Care to be suitable for testing;
- I understand that there is no guarantee or promise that the test results will improve my clinical outcome or change my management plan and may not result in access to a new therapy or clinical trial;
- I understand that my treating doctor will receive a copy of my test results;
- I declare that all my questions have been answered to my satisfaction.

The next section will record your intention in relation whether or not you wish to have your blood sample tested. Please tick one box only:

- I consent to having my blood sample tested.
- I do not consent to having my blood sample tested.

Note: all parties signing the consent section must date their own signature.

Name of Patient (please print) _____	
Signature _____	Date _____

Declaration by Requesting Doctor

I have given a verbal explanation and I believe that the patient has understood that explanation.

Name of Requesting Doctor (please print) _____	
Signature _____	Date _____