Appendix 2 – Informed Consent Form (Version 2.0, 26th July 2013)

Patient Identification Number:

Name of Researcher: **[insert local principal investigator name]**
Title of the study: **Isotoxic Intensity Modulated Radiotherapy (IMRT) in Non-Small Cell Lung Cancer – A Feasibility Study**

CONSENT FORM

Please initial in boxes

1. I confirm that I have read and understood the information sheet Version 2, dated 26th July 2013 for the above study and have had the opportunity to ask questions. ☐
2. 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. ☐
3. I understand that sections of any of my medical notes may be looked at by responsible individuals from [insert institution name] and its authorised agents, by the sponsor for monitoring and audit or from Regulatory Authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. ☐
4. I also understand that if I withdraw from the study early, the data collected whilst I was on the study will be retained to ensure the trial has been run in accordance with all applicable rules. ☐
5. I understand that I will not benefit financially if this research leads to the development of a new treatment or medical test ☐
6. I understand that my General Practitioner will be informed about my participation in this study. ☐
7. I agree to take part in the above study. ☐

_____	_____	_____
Name of Patient	Date	Signature
_____	_____	_____
Name of Person taking consent (If different from researcher)	Date	Signature
_____	_____	_____
Researcher	Date	Signature

1 for patient; 1 for researcher; 1 for general practitioner, 1 to be kept with hospital notes

Thank you for taking part in this research study