

Consent to participate in the DISCO trial

Version 4.0 of 28 Oct 2020

I, the undersigned, Surname:First name:

Address:.....

Phone number:

E-mail address:.....

acknowledge having been informed by the Doctor:

of the object and modalities of the DISCO study.

I was given an information note. The objective of the study, its constraints, its potential benefits and risks, and its duration were clearly explained to me. I was able to ask all the questions I wanted and I received clear and precise answers. I was given sufficient reflection time between the information and this consent.

I have noted that I am free to accept or refuse to participate in this research and that I will be free at any time to stop my participation without having to specify the reasons and without this changing the quality of the care I will receive nor my relationship with the healthcare team. In the event that I withdraw my consent, the medical and personal data and biological elements concerning me, collected before that date, may be used for the study.

I have noted that all data and information concerning me will be collected and recorded in a strictly confidential and non-identifying manner and will only be consulted by the organizers of this study and representatives of the health authorities. I accept that they may be processed electronically by the promoter (Centre Léon Bérard) or on its behalf. I have noted that I have the right to access, oppose and rectify any personal information concerning me (in accordance with EU regulation n°2016/679 on the protection of personal data (GDPR)) and that I can exercise this right at any time with the doctor in charge of the research, who alone knows my identity. I know that my identity will not appear in any report or publication. I also accept that these data (strictly confidential and treated without mentioning my first and last name) may be used in subsequent research for scientific purposes. I can withdraw my consent to this further use or exercise my right to object at any time.

I have also been informed that I can contact the doctor who follows me or the Data Protection Officer (DPO) of the Centre Léon Bérard (dpd@lyon.unicancer.fr) to obtain information concerning the protection of my data. If, despite the commitment of the Centre Léon Bérard to respect my rights and protecting my data, I remain unsatisfied, I may lodge a complaint with the supervisory authority: the National Commission for Data Protection and Liberties (<https://www.cnil.fr/fr/notifier-une-violation-de-donnees-personnelles>).

I certify that I am affiliated with or beneficiary of a social security scheme.

I have also been informed of the existence of insurance to cover any damage attributable to the procedures of the study.

My consent does not relieve the organizers of the research of their moral and legal responsibilities. I retain all my rights as guaranteed by law.

I can at any time request any further information from the doctor in charge of the research, Prof. Béatrice Fervers, on 04 69 16 66 44 or 04 69 85 62 18.

In view of the information provided to me, I freely and voluntarily agree to participate in this medical research.

The patient

Surname, first name: _____

Done in: _____

Date: _____

Patient's signature:

The Investigator

Surname, first name: _____

Done in: _____

Date: _____

Physician's signature: