



# 100,000 Genomes Project

## Participant consent form

If you agree to take part in the 100,000 Genomes Project, please:

- initial boxes 1, 2, 3 and 4;
- initial your choices for returning the additional findings in box 5; and
- sign your name at the end of this form.

## Taking part, samples and data

### 1 Taking part

I have read and understood the participant information sheet 'for adults with cancer' dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (version \_\_\_\_). I have been able to ask questions and have these answered.

I understand the following.

- **I can decide to join the project, or not.**  
My routine medical care or legal rights aren't affected if I don't take part.
- **If I join, I can withdraw at any time.**  
I do not have to give a reason why.  
If I withdraw, I understand that some research may have already taken place using my data and this can't be undone.

I agree to the following.

- You can tell my GP and other healthcare professionals I have joined the project.
- You at Genomics England and my clinical team can contact me to:
  - ask me to donate more information for the project;
  - ask me to donate further samples if needed in the future;
  - invite me to join other research; and
  - send me general updates about the project.

If I am asked, I can say yes or no. It is my choice.

**Initial** here to show you agree.

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## 2 Samples

I agree to donate to the project:

- a sample of blood;
- other samples, such as saliva, if needed; and
- samples already collected as part of my medical care. This includes samples of my tumour or bone marrow depending on the type of cancer I have.

My samples can be used for:

- collecting DNA for whole genome sequencing; and
- studying my blood to find out how the DNA is working.

I understand that there might be new ways of doing this in the future.

My samples or DNA could be sent to approved organisations outside the UK for processing or analysis.

Initial here to show you agree.	
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## 3 Data

I agree that the project can access and collect electronic copies of my past and future health records.

- This includes personal information from all of my records from the NHS, my GP and other organisations. This includes information about any illnesses or stays in hospital – even ones that appear unrelated to my cancer.
- The data is from different sets of records, including hospital or clinic records, medical notes, social care and local or national disease registries. It includes images from my NHS records, such as MRI scans, X-rays or photographs.
- To get this data, the project will need to send some details about me (for example, my NHS number and date of birth) to the organisations holding this information. This will allow them to find the health data they hold about me.
- The data may be used to study many different medical conditions, not just ones that affect me.
- It can be collected at any point in my life and will continue after my death, unless I have withdrawn from the project.
- Approved individuals from Genomics England, the NHS and other study monitors can look at this information at any time.

I understand that:

- all information about me held by the project will be treated as confidential;
- my data, and information from my samples will only be used by researchers in a form that protects my identity;
- research organisations accessing my data and samples may include commercial (for-profit) companies;
- researchers won't be allowed to copy or remove any of my information; and
- I will not benefit financially if research using data from the project (which includes my data), leads to new treatments or medical tests.

**Initial** here to show you agree.

## My results

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I agree that:

- tests can be run on my samples and health information to look for the cause of my cancer and may also help to find ways to manage my cancer; and
- the results can be reported to my clinical team for them to discuss with me.

I understand the following.

- Information generated by this project may benefit my family members, now or in the future. If relevant, the NHS will support me in sharing this with them.
- I may not get information that will help with my medical care now or in the future.
- Results may not be returned in time to be used in my medical care.

I understand that:

- apart from my cancer and additional findings (if I have asked for these) no other information will be looked for or reported.

**Initial** here to show you agree.

## Additional findings (optional)

- 5** I understand the following.
- I can choose if I want certain other conditions that might affect me to be looked for in my samples ('additional findings').
  - These conditions are not connected to my cancer.
  - All the conditions can potentially be treated or prevented.
  - My results might also be important to other members of my family.
  - Even if my results seem to show that I don't have one of the conditions, I could still get it in the future.
  - We may add to or change which conditions we look for. This means I might get other results in the future.
  - I can change my mind about receiving additional findings at any time.

**Initial** your choice

Yes, I want additional findings to be looked for and given to my clinical team.	<input type="checkbox"/>
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**Or**

No, I do not want this information to be looked for and given to my clinical team.	<input type="checkbox"/>
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## Carrier testing (optional)

**6** The next section is unlikely to be relevant to people who are not planning to have children in future. You can initial the box below and move to the next section.

**Initial** if carrier testing is not relevant for you.

I understand that:

- I can decide to be tested to see if I 'carry' a risk of passing on serious genetic conditions to my future children or grandchildren;
- these conditions may or may not be able to be cured, made less severe, or prevented using standard NHS treatment;
- I may still have a child with one of the conditions, even if the result doesn't identify the condition in my genome data; and
- you will regularly update the conditions looked for. This means I could get further reports about different conditions in the future.

**Initial** your choice

Yes, I want this information to be looked for and given to my clinical team.

**Or**

No, I do not want this information to be looked for and given to my clinical team.

Name of participant  
(BLOCK CAPITALS):

Date of birth:

(DD/MM/YY)

Signature:

Date:

(DD/MM/YY)

Name of person receiving consent  
(BLOCK CAPITALS):

Signature:

Date:

(DD/MM/YY)

Name of interpreter if used:  
(BLOCK CAPITALS):

Signature:

Date:

(DD/MM/YY)

## Additional contact details (optional)

If you are not able to receive results that are relevant to your family, is there anyone else who you would want your clinical team to try and give them to?

Name (BLOCK CAPITALS):	
Relationship to you:	
Date of birth:	(DD/MM/YY)
Address (BLOCK CAPITALS):	

### When you have filled in this form:

- 1 (the original) will be kept in the adult participant's 100,000 Genomes Project records.
- You will keep a copy.
- We at Genomics England will keep a copy.

For administration use only (NHS GMC staff).

