*To be printed on hospital headed paper*

**Parent Informed Consent Form**

rEECur

**International Randomised Controlled Trial of Chemotherapy for the treatment of recurrent and primary refractory Ewing sarcoma**

**EudraCT number:** 2014-000259-99

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| --- | --- | --- | --- |
| Site: |  | Patient’s TrialNumber: |  |
| Principal Investigator: |  |  | |

### Please initial each box

|  |  |
| --- | --- |
| 1. I confirm that I have read and understand the Parent Information Sheet (version .................... dated...........................) for the above trial. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 1. I understand that my child’s participation is voluntary and that we are free to withdraw at any time without giving any reason, without his/her medical care or legal rights being affected. |  |
| 1. I give my permission for my child’s initials, date of birth, hospital number, NHS number and histopathology numbers and a copy of this consent form, which will not be anonymised, to be given to the Trial Office when he/she is randomised to the trial. I understand that copies of the consent form may be forwarded to other healthcare professionals to prove that I am taking part in the trial. I also give permission for my child’s information to be shared with other hospitals involved in the care of my child and with the national cancer registry. |  |
| 1. I understand that relevant sections of my child’s medical notes and data collected during the trial may be looked at by individuals from the Trial Office, regulatory authorities, Sponsors and/or NHS bodies, where it is relevant to my child’s taking part in this research. I give permission for these individuals to have access to my child’s records. |  |
| 1. I understand that anonymised-linked data from the trial may be provided to other third parties (e.g. other academic institutions) for research and safety monitoring. |  |
| 1. I agree to my child’s GP being informed of his/her participation in this trial   **Please continue on next page** |  |

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| 1. I agree for my child to take part in the above trial. |  | |
| **The following are optional and will not affect entry into the trial, please initial the appropriate box:** |  |  |

**No Yes**

|  |  |
| --- | --- |
| I agree for my child to have the additional PET scans. |  |
| I agree to the collection, storage and DNA analysis of additional blood and bone marrow samples from my child and consent to these samples (and/or pre-existing samples) being sent to approved laboratories in Europe and used for research associated with this trial. I also give consent for any remaining trial samples to be stored and used for future ethically approved research |  |
| I give consent for the tumour tissue collected from my child’s previous surgery to be sent to approved laboratories in Europe and used for research associated with this trial. I also give consent for any remaining tissue to be stored and used for future ethically approved research |  |

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| |  |  |  |  | | --- | --- | --- | --- | | Name of patient: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  |  | |  | |  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Name of parent/guardian | | Signature | Date | |  | |  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Name of person taking consent  *You must have signed the  Site Signature & Delegation Log* | | Signature | Date |   **Patient’s assent (optional)**   |  |  |  | | --- | --- | --- | |  |  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Name of patient | Signature | Date | |