

CONSENT FORM

Title of the Study:

Standardised data collection for lung cancer patients treated with curative primary or post-operative radiotherapy, or chemo-radiation therapy (SDC lung).

I was asked to participate in a clinical study. My doctor explained to me the purpose of the study. He/she also explained the procedures of the study and what is expected of me.

I have received the patient information and I have read and understood it. I have been informed about the possible benefits and disadvantages of participating in the study. I have been given the opportunity to ask questions and I have had time to consider my possible participation.

I understand that participation in this study is on a voluntary basis. I am also aware that I can end my participation at any time and that this will in no way influence the treatment or medical care I receive in this hospital.

I consent to using my personal information in this study, as described in the enclosed information letter. I understand that all personal information will be confidentially stored and processed according to national law.

I hereby declare that I participate voluntarily in the abovementioned study.

☐ I consent to taking a saliva sample, as described in the enclosed patient information letter, and to its use as part of this study. I understand that the saliva sample will be stored, processed and analysed in strict confidentiality according to national law.

Name of patient:

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Signature:

.....

Date of birth:

.....

Date:

.....

I (the Undersigned) hereby confirm that I have explained the purpose, procedure, and risks of this study to the patient, that the patient has been given the opportunity to ask questions about the study and that all questions that were asked by the patient have been answered correctly to the best of my knowledge and that the patient has understood this information. I confirm that no pressure has been exerted on the patient and that consent was given voluntarily.

Name of doctor:

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Signature:

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Date:

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