Informed Consent Form

Title of Study: Preventing Ovarian Cancer through early Excision of Tubes and late Ovarian Removal (PROTECTOR) / **REC Ref:** 18/LO/0555 / **IRAS ID:** 237992

Volunteer reference Number (VRN): _____ (to be recorded after consent)

Thank you for reading the information about our research study. If you would like to take part, please read and sign this consent form. Please read each statement carefully in the table below and show that you are giving your consent by writing your initials in the space provided.

☐ **Indicate here if informed consent taken remotely, rather than in person. If so, please ensure the 'Supplement to ICF for Remote Consent' is complete and filed with ICF in records.**

Please initial the box next to each statement to indicate agreement	**YES**
I confirm that I have read the attached information sheet dated…… (version ……) for the above study and have been given a copy to keep. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I understand why the research is being done and any risks involved.	
I know how to contact the PROTECTOR research team if I need to and how to get information about the results of the research.	
I agree to participate in the following study arm **(please select one of the following three options)**. I understand that I may choose to switch to a different study arm following discussion with the PROTECTOR research team:	
I agree to take part in the "Risk Reducing Early Salpingectomy and Delayed Oophorectomy" (RRESDO) arm of the study.	
I agree to take part in the "Risk Reducing Salpingo-Oophorectomy" (RRSO) arm of the study.	
I agree to take part in the "Control" arm of the study.	
I agree to complete questionnaires for this study.	
I agree to give samples of blood for research in this study.	
I agree that information gathered about me can be stored by Queen Mary University of London, for use in this study.	
I agree to my details (name, date of birth, address, NHS number) to be given and information maintained about me and my health status on a national register of individuals who have had Early Salpingectomy. I am happy to be contacted for the purposes of follow up.	
I give permission for someone from the research team or from regulatory authorities (authorised personnel) to look at my medical notes, data or pathology slides to check that the study is being conducted to set standards. I understand that any accessed information will be kept confidential.	
I understand that I will not benefit financially by taking part in this study.	
I consent to the transfer of data and samples for the purpose of this research study to the research team.	
I agree to my General Practitioner being informed of my participation in this study and for my GP to be informed of my test results. *Please provide us with your GP's name, practice name and address:* _____ _____	
I understand that I am free to withdraw from the study at any time, without giving any reason and without my medical care or legal rights being affected.	

The statements on this page are optional and you are not obliged to grant permission to all the requests.

Please add your initials to the YES or NO box for each row	**YES**	**NO**
I agree to take part in an audio recorded interview. I understand that my responses will be kept confidential. I understand that my name will not be linked with the research materials, and will not be identified or identifiable in the report(s) that result from this research.		
I understand that the audio recording made of this interview will be used only for analysis and that extracts from the interview, from which I would not be personally identified, may be used in a conference presentation, report, journal article developed as a result of the research.		
I agree to take part in a follow up audio recorded interview one year after my surgery.		
I agree to tissue collected at the time of surgery to be stored indefinitely for future research by the research team and custodians at Queen Mary University of London. I understand that this research may be carried out by researchers other than the current study team and may include researchers from commercial companies. I am aware that this may include transfer within or outside the European Union and countries to which such samples/data may be transferred may not have equivalent data protection legislation. However, I have been assured that all efforts will be made to ensure security of such samples/data.		
I agree that information gathered about me can be stored by the research team and custodians at Queen Mary University of London, for possible use in future studies. I understand that some of these studies may be carried out by researchers other than the current study team including researchers from commercial companies. I am aware that this may include transfer of data within or outside the European Union and countries to which such data may be transferred may not have equivalent data protection legislation. However, I have been assured that all efforts will be made to ensure security of such data.		
I give consent for the research team to retrieve information about me from national databases (e.g. Health and Social Care Information Centre, NHS Digital, ONS) and national cancer registries (e.g. National Cancer Intelligence Network NCIN). I understand that the information will be solely used for research purposes. I understand that it will not have a direct impact on my healthcare.		
If I am unable to receive results of any tests, I would like the result to be given to (e.g. next of kin): *Please include name and contact details (address, telephone number, email).* _____ _____		
I extend my consent for use of my data if I become mentally incapacitated during the course of the project.		
I extend my consent for use of my data if I fall ill which results in death, during the course of the project.		

Name of volunteer Date Signature

_____ _____ _____

Name of person taking consent Date Signature

_____ _____ _____

(1 copy for participant; 1 copy for researcher; 1 copy (original) to be kept in participant's medical records)