A. PARTICIPANT CONSENT FORM FOR PATIENT REPORTED OUTCOME MEASURES/QUESTIONNAIRES

I, ... (please print your full name) **agree** to the National Cancer Registry sharing my name and address with a designated representative at the Clinical Research Facility in Galway who will send me questionnaires annually which I will complete.

Or

I, ... (please print your full name) **do not agree** to the National Cancer Registry sharing my name and address with a designated representative at the Clinical Research Facility in Galway.

<u>If you agree to participate in this study</u>, please initial each box to confirm that you have read, understood and agreed each of the points below

1. I have read and understood the Patient Information Sheet. The research objectives have been fully explained to me and I have been given the opportunity to ask questions. ☐
2. I give permission for the Irish Prostate Cancer Outcomes Research Registry to send me questionnaires for the study and I will complete and return the questionnaires as per the instructions. ☐

My preference is to be contacted by E-mail/post (*please circle your preferred choice*)

Please provide an E-mail address for sending on questionnaires: ☐

3. I understand that all information will be treated in the strictest confidence and used for research purposes only. Information will be stored on a secure database. Fully compliant with National Data Protection Standards, every effort will be made to keep my identity completely safe at all times. ☐
4. I understand that researchers from hospitals, third level institutions and biopharma companies can apply to use my de-identified data for research studies that have been approved by a Research Ethics Committee and the IPCOR Steering Committee. I give permission for my de-identified data to be shared between different institutions. ☐
5. I understand that I will not be personally identified in any reports from this or associated research studies. ☐
6. I understand that my involvement in the study is voluntary and that I may withdraw at any time, without giving reason, and without this decision affecting my future treatment or medical care. ☐
7. I understand that this project has been approved by the relevant Research Ethics Committees. ☐

Participant Name (PRINT)……..

Participant Signature: .....Date.....

Witness Signature.....Date.....

B. **PARTCIPANT CONSENT FORM FOR USE OF BIOLOGICAL SPECIMENS AND DE-IDENTIFIED DATA**

I, ... (please print your full name) **agree** to link my data in the Irish Prostate Cancer Outcomes Research Registry to my biological specimens and for my biological specimens and accompanying de-identified data to be used in future ethically approved cancer research.

Or

I, ... (please print your full name) **do not agree** to link my data in the Irish Prostate Cancer Outcomes Research Registry to my biological specimens and for my biological specimens and accompanying de-identified data to be used in future ethically approved cancer research.

If you agree to link your data to your biological specimens and for your biological specimens and accompanying de-identified data to be used in future ethically approved research, please initial each box to confirm that you have read, understood and agreed each of the points below

1. I confirm that I have read and understood the Patient Information Sheet. The research objectives have been fully explained to me and I have had the opportunity to ask questions. ☐
2. I understand that all information linked to my biological specimens will be de-identified, treated in the strictest confidence and used for research purposes only. ☐
3. I understand that researchers from hospitals, third level institutions and biopharma companies can apply to use my biological specimens and my accompanying de-identified data for research studies that have been approved by the relevant Research Ethics Committee and the IPCOR Steering Committee, including studies investigating the genetic influences related to cancer growth, early detection and treatment. I give permission for my de-identified data and biological specimens to be shared between different institutions. ☐
4. I understand that my involvement in the study is voluntary and that I may withdraw at any time, without giving reason, and without this decision affecting my future treatment or medical care. I understand I will not benefit financially should research lead to a new test or treatment. ☐
5. I understand that this project has been approved by the relevant Research Ethics Committee. ☐

Participant Name (PRINT) ……

Participant Signature:.....Date.....

Witness Signature.....Date.....