

ABC Study

I consent to take part in the ABC Study

I freely agree to participate in the ABC Study according to the conditions in the *Participant Information*.

I have read, or have had read to me, and understand the *Participant Information and Cancer Council Victoria's Privacy Policy*.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

The *Participant Information* and this Consent Agreement are available for me to download.

As this is a long term study and my health status could change, I give permission for my doctors, other health professionals, registries, hospitals or laboratories to release my sensitive health information to the *Cancer Council Victoria* concerning my condition and treatment for the purposes of this study. I also give permission for the Cancer Council of Victoria to collect my personal information from the relevant Electoral Commission and Australian Institute of Health and Welfare, for the purpose of my involvement in the study. I understand that such information will remain confidential.

I confirm that any personal information I provide about my family members is done, where possible, with their knowledge. Where possible, I have made them aware of the information contained in the Participant Information Sheet.

I understand that I will not be notified when my sensitive information is collected from the third parties referred to above by the *Cancer Council Victoria*. I understand that the study team will not reveal my identity and personal details in any information about the ABC Study that is published or presented in any medium.

I understand that I can withdraw my consent to take part in the ABC Study at any time.

I give my consent for my de- identified information and samples to be provided to researchers for use in other ethically approved research projects outside of the ABC Study.

I understand I will not receive any direct benefit from taking part in the ABC Study.