

## ARTISTIC

A Randomised Trial In Screening To Improve Cytology



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Trial Number      Consent Form

Tick Box

1. I confirm that I have read and understand the Information Leaflet dated 15/03/08 (version 9) for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, without my medical care or legal rights being affected.
3. I understand that relevant sections of any of my medical notes may be looked at by responsible individuals from the Health Technology Assessment Programme or from regulatory authorities. I give permission for these individuals to have access to relevant sections of my records.
4. I understand that the NHS Cervical Screening (Open Exeter) database may be used to ensure my smear records are complete for the duration of the Trial and that my address details are correct.

Name	Date of birth	Today's Date	Signature
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Address and Post Code
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Contact Telephone Number	NHS Number
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GP Details
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5. In addition, I AGREE to my HPV sample being retained for future research. This will be stored anonymously. I understand that if I do not agree my sample will be destroyed at the end of the research study.

Name	Date of birth	Today's Date	Signature
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