WESTERN SYDNEY INTEGRATIVE HEALTHCARE CENTRE



Consent Form - Adult providing own consent

Title	Feasibility Study: Targeting post cancer fatigue among women with breast cancer using acupuncture
Short Title	Acupuncture to treat cancer fatigue
Protocol Number	1
Project Sponsor	Bankstown-Lidcombe Hospital
Coordinating Principal Investigator/ Principal Investigator	Dr Suzanne Grant Dr Kelly Mok
Associate Investigator(s)	Professor Caroline Smith
ocation	NICM Health Research Institute, Western Sydney University, Westmead Campus
Declaration by Participant	
I have read the Participant Information She understand.	eet or someone has read it to me in a language that I
I understand the purposes, procedures and	d risks of the research described in the project.
this hospital to release information to NICN	Ith professionals, hospitals or laboratories outside M. Health Research Institute concerning my disease ect. I understand that such information will remain
I have had an opportunity to ask questions	and I am satisfied with the answers I have received.
I freely agree to participate in this research to withdraw at any time during the study with	project as described and understand that I am free thout affecting my future health care.
I understand that I will be given a signed co	opy of this document to keep.
Name of Participant (please print)	
Signature	Date
Under certain circumstances (see Note for Guid 4.8.9) a witness* to informed consent is require	dance on Good Clinical Practice CPMP/ICH/135/95 at ed.
Name of Witness* to	
Participant's Signature (please print)	_

^{*} Witness is <u>not</u> to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may <u>not</u> act as a witness to the consent process. Witness must be 18 years or older.

Declaration by Study Doctor/Senior Researcher		
I have given a verbal explanation of the research project, its procedures and risks that the participant has understood that explanation.		
Name of Study Doctor/ Senior Researcher [†] (please print)		
Signature Date		
[†] A senior member of the research team must provide the explanation of, and information concerning project.	g, the research	
Note: All parties signing the consent section must date their own signature.		
Optional paragraph: I understand that, if I decide to discontinue the study treatment, I may be asked to up visits to allow collection of information regarding my health status. Alternatively of the research team may request my permission to obtain access to my medical recollection of follow-up information for the purposes of research and analysis.	y, a member	
Name of Participant (please print)		
Signature Date		
Name of Witness* to Participant's Signature (please print)		
Signature Date		
* Witness is <u>not</u> to be the investigator, a member of the study team or their delegate. In the event the is used, the interpreter may <u>not</u> act as a witness to the consent process. Witness must be 18 year		
Name of Study Doctor/ Senior Researcher [†] (please print)		
Signature Date		
[†] A senior member of the research team must provide the explanation of and information concerning project.	the research	
Note: All parties signing the consent section must date their own signature.		