

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
Location	NICM Health Research Institute, Western Sydney University, Westmead Campus

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I give permission for my doctors, other health professionals, hospitals or laboratories outside this hospital to release information to *NICM Health Research Institute* concerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential.

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 project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.

I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print) _____
Signature _____ Date _____

Under certain circumstances (see Note for Guidance on Good Clinical Practice CPMP/ICH/135/95 at 4.8.9) a witness to informed consent is required.*

Name of Witness* to Participant's Signature (please print) _____
Signature _____ Date _____

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

