



European Prospective Investigation of Cancer

# RECRUITMENT FORM

## PATIENT'S CONSENT

I agree to participate in this study and:

- i) give my doctor permission to provide clinical information from my medical records;
- ii) understand that personal details will be used only for research;
- iii) agree to provide a blood sample for research purposes.

Signature

Date

## PATIENT DETAILS - PLEASE USE CAPITALS

Date of birth

NHS No.

Surname

Forename(s)

Address

Postcode