

PATIENT CONSENT

The WA Kirkbride Melanoma Advisory Service (WAKMAS) is a multidisciplinary clinic that provides advice on the management and care of patients with melanoma. One of the roles of the clinic is to participate in melanoma research with the aim of improving the outlook for melanoma patients both now and in the future.

An important part of any clinical research may involve collecting medical information on a patient in the future or following their initial treatment and some of this information may be published.

Please take time to read the following, and feel free to discuss this with your doctor.

I

DOB:

agree to give permission for the WA Kirkbride Melanoma Advisory Service to contact my doctor and to review my medical records with respect to melanoma. I understand that it may be necessary to confirm details of my illness or of any treatment I have been given now or in the future.

I understand that a WAKMAS Pathologist will review my pathology report and specimen, under the microscope. I agree that this information will be shared with the Western Australian Cancer Registry for purposes of updating their register.

I understand that the WAKMAS will not pass on any identifiable information about my medical history to any other person or organisation or identify me in any publication.

I understand I am under no obligation to give this consent and that I can withdraw my consent at any time.

Signed

Date

Witness

Date

Witness Name

PLEASE SEND THIS FORM VIA:

1. EMAIL: wakmas@perkins.org.au

OR

2. FAX TO 08 6151 1032

Please phone the Nurse Coordinator **08 6151 0860** if you have any queries.