

**An evaluation of regular mammography in women with a family
history of breast cancer
Funded by the NHS Research and Development Programme**

CONSENT FORM

I confirm that I have read and understood the information leaflet “ Breast Screening for Women with a Family History of Breast Cancer”

I have received sufficient information and have had the opportunity to have my questions answered

I agree to take part in the above study

Full name -----

Address -----

Postcode -----

Date of Birth -----

Name and Address of General Practitioner

Name of Patient

Date

Signature

Name of Person taking consent

Date

Signature

Please return form to the familial breast cancer clinic

Your contact in the clinic is -----