Please print on hospital headed paper

VALTIVE1

VALTIVE1: **Validation of Tie2 for VEGF inhibitors**

Full Title: A non-randomised, observational, biomarker study to determine the clinical value of measuring plasma Tie2 concentrations in patients with ovarian cancer who are receiving bevacizumab

Participant Consent Form

Version 8.0, 16 Jul 2026

If you are happy to participate please complete and sign the consent form below.

	Activities	Initials
1	I confirm that I have read the Participant Information Sheet (Version 8.0, Date 16 Jul 2026) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set. I agree to take part on this basis.	
3	I agree to have blood samples taken for the research purpose as explained to me.	

The University of Manchester

Cardiff University Centre for Trials Research / Prifysgol Caerdydd Canolfan Ymchwil Treialon

Cancer Research UK

	Activities	Initials
4	I understand that the sponsor of this study may make my blood sample available for future research to researchers from other universities or commercial companies, and that this may include researchers working outside of the United Kingdom. I give permission for these individuals to have access to my sample, but not any personal identifying information about me. I offer my blood sample as a gift.	
5	I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from The Centre for Trials Research (CTR) at Cardiff University, The University of Manchester, regulatory authorities, or from the NHS Trust where it is relevant to my taking part in this research. I also understand that the research team will have access to my medical records to collect data for the study. I give permission for these individuals to have access to my data.	
6	I agree that any anonymised data collected may be shared with researchers from other universities or commercial companies, and that this may include research undertaken outside of the United Kingdom.	
7	I agree that any data collected may be published in anonymous form in academic books, reports or journals.	
8	I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.	
9	I agree to take part in this study.	

Optional

	Activities	I consent (yes or no)	Initials
1	I agree for DNA to be extracted from my blood samples.		
2	I understand that the research using my sample (blood and DNA extracted from blood) can include genetic research.		

	Activities	I consent (yes or no)	Initials
3	I understand that the sponsor of this study may make my DNA (extracted from blood) available to other researchers for future research and that this may include researchers working abroad. I give permission for these individuals to have access to my sample, but not any personal identifying information about me. I understand that my signed consent forms will be retained for as long as the relevant samples are stored for use in research.		
4	[For patients in Manchester] I agree for a biopsy of my cancer to be carried out. I understand that the research using my biopsy can include genetic research.		
5	I agree to take part in the additional sub-study, which involves collection of extra blood samples before and after surgery.		
6	I agree to being given the Participant Information Sheet of the Qualitative sub-study that involves discussing my understanding about the research and I will return the Consent to contact form in the pre-paid envelope, if I am interested in taking part.		

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.

_____	_____	_____
Name of Participant	Signature	Date

_____	_____	_____
Name of the person taking consent	Signature	Date

Completed copies: 1 copy for the Participant; 1 for Investigator Site File (original); 1 copy for the medical notes