

WA GYNAECOLOGIC ONCOLOGY BIOSPECIMEN BANK (WAGO)

FIRST NAME _____ MR MRS MS MISS OTHER

SURNAME _____ DOB ____ / ____ / ____

ADDRESS _____

SUBURB _____ STATE _____ POST CODE _____

HOME PHONE _____ WORK PHONE _____ MOBILE _____

OCCUPATION _____

EMAIL ADDRESS _____

MEDICAL RESEARCH

I have read the Information Brochure entitled
"WA Gynaecologic Oncology Biospecimen Bank (WAGO)"
and give my voluntary consent to the use of my biological specimens
and health information for medical research as described therein.

(Please Tick One)

AGREE

DISAGREE

Sign _____ Date ____ / ____ / ____