INFORMED CONSENT STATEMENT

(NATIONAL HEALTH COUNCIL RESOLUTION 196/96)

Title of research: Polymorphisms of folate metabolism genes in patients with cirrhosis and Hepatocellular Carcinoma

Responsible for research: Profa. Dra. Eny Maria Goloni-Bertollo - UPGEM Genetics and Molecular Biology Research Unit: FAMERP;

A) to obtain greater knowledge of the mechanisms involved in the development of hepatocellular carcinoma, the FAMERP researchers from São José do Rio Preto, SP, are developing a scientific research that could improve our understanding of this tumor and thus offer new possibilities for diagnosis and improved quality of life;

B) This study aims to: 1) Collect information from history and obtain clinical data from medical records of patients with liver cirrhosis and hepatocellular carcinoma treated at Service linked to Unit Surgery and Transplant Liver and Intestine of the Base Hospital / São José do Rio Preto Medical School - FAMERP. 2) Analyze changes in genes (hereditary material) in order to clarify the role of genetic factors in the development of the tumor;

C) this study will use two groups of people: 1) patients with cirrhosis or hepatocellular carcinoma; 2) control subjects, patients with no tumor;

D) study will be done using blood, which will be harvested with disposable syringe by nurse and the risk of the crop may include swelling and redness at the site without any risk to my health;

E) the genetic material (DNA), or hereditary, extracted from the blood will be used for this search and stored in UPGEM and for new projects, there will be new submission for evaluation of the Research Ethics Committee (CEP).

F) all information provided by me through the questionnaire and the results will be kept confidential and only will be used for dissemination at meetings and scientific journals;

G) I agree to participate in this survey and I agree with the removal and use of my blood, in the manner described above, will not have any benefits or financial rights to any results arising from the research. If I do not agree to donate blood for research or decide to withdraw my consent at any time, my decision will not influence in any way, my treatment;

H) This study is important because it can contribute to scientific knowledge of the mechanisms involved in tumor development.

I declare that, having properly clarified by the researcher, I consent to participate freely of this study without being subjected to any pressure.

Thus, consent to participate in the research project in question.

Name (a) participant:

Legal representative:

the medical records RG:

Date: ..... / ..... / ..... / Signature: ....

Statement of responsibility: I explained the nature, objectives, risks and benefits of this study. I put me available for questions and answered all. I obtained the consent freely and put myself available to clear any doubts about the study of the addresses below.

Name (a) researcher:

Date: ..... / ..... / ..... / Signature: ....

Registration in the Regional Council: ....

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