



## Letter of Consent for Information Disclosure

Dear meeting delegates,

We would like to warmly thank each of you for participating in the CDDF Multi-stakeholder workshop on Involving Patients in Oncology Drug Development (18-19 June 2019, Amsterdam).

As discussed at the workshop, we kindly request your permission to distribute the personal information (name, affiliation and email address) to other meeting participants in order to establish a network within CDDF. We believe that such a network will enable us to share information and various perspectives efficiently and also to drive progress towards involving patients in oncology drug development. Please kindly complete this form and return it to us at your earliest convenience.

### Personal Information

Name

Affiliation

Email address

I hereby agree and consent to the Cancer Drug Development Forum to provide my information (name, affiliation and email address) for other meeting delegates who attended the CDDF Multi-stakeholder workshop on Involving Patients in Oncology Drug Development (18-19 June, 2019).

I **DO NOT** agree and consent to the Cancer Drug Development Forum to provide my information (name, affiliation and email address) for other meeting delegates who attended the CDDF Multi-stakeholder workshop on Involving Patients in Oncology Drug Development (18-19 June, 2019).

### Signature & Date

Kind regards,

Cancer Drug Development Forum