



I understand I am free to withdraw from this protocol before treatment begins without prejudicing continuing medical care.

I have a right to privacy and all information obtained in connection with this study and that can be identified with me will remain confidential. I understand that clinical and laboratory data collected on me will be used in analyzing the results of Stimulated Autologous Immune Serum. Information may be released to the Food and Drug Administration and to the National Institutes of Health. The results of this study may be published in scientific journals without identifying me by name.

I understand and accept that additional research costs (costs which are beyond those required for usual diagnosis and treatment) may be incurred by me and that I will be responsible for these expenses.

Every effort will be made to prevent injury that could result from this research. Compensation for injuries as a result of participating in this study is not available except as may be required by law.

In the event of my death during this procedure I consent to a full autopsy.

My signature below is to certify that I have read this document, have had a full opportunity to discuss it with my doctors, and consent to the use of Stimulated Autologous Immune Serum. I understand that I may ask further questions at any time and that I may have a copy of this document. I understand the procedure is not a proven treatment for cancer.

Please initial each page of the consent form and sign below.

Witness: Lucia Duncan Volunteer: Andrew M. Snow

Date: 2/25/99 Date: 2-25-99

I have explained the preceding to the patient. This consent form includes no exculpatory language through which the patient is made to waive any legal right or to release the investigator from liability for any negligence.

Investigator: Roy C. Payne

Date: 2-25-99

Volunteer initials: \_\_\_\_\_

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