

Protocol signature

I confirm that I have read this protocol and understand it. I will work according to this protocol and to the ethical principles of the Declaration of Helsinki and according to guidelines for good clinical practice.

I will accept the PI's and eventual monitor's overseeing of the study and I accept that the number of patients operated on with abdominoperineal excision (extended or not) at my institution/hospital/department during the study period will be revealed when requested by the PI or other representative of the central study administration.

I will accept that my name and affiliation is public and mentioned as site investigator at clinicaltrials.gov web registry for clinical trials.

If I am the site investigator at a hospital not in Sweden, I will promptly submit the protocol to an applicable ethical review board.

Signature of investigator

Date

Investigator printed name

E-mail

Investigator Title

Office phone

Name and address of facility

Write your preferred username (minimum 6 characters) and password (minimum 9 characters) for login to randomisation page.

Username: _____

Password: _____

Copy for own filing and send the completed Protocol Signature to:

Markku Haapamäki, MD, PhD,

Department of surgery and perioperative sciences

Umeå University
SE-901 85 Umeå
Sweden

PI contact: Phone: +46-90-785 2013

Fax: +46-90-785 1156

E-mail: markku.haapamaki@surgery.umu.se