

Hospital Number:

Surname:

First Names:

D.O.B.

**TISSUE BANK**

## CONSENT FORM

### for the collection and storage of human biological material for research AFTER AN EMERGENCY PROCEDURE.

Please ask **PATIENT to INITIAL**  
to confirm the following statements

I confirm that I have read and understood the 'Tissue Bank Patient Information Sheet for Donation of Material after an Emergency Procedure' <u>version 4 dated 07 April 2022</u> and I have had an opportunity to ask questions.	
I consent that biological material, which <u>was removed as a necessary part of my emergency procedure, may be used</u> for research purposes.	
I consent that biological material removed during my visit to the Hospital for diagnostic purposes, which is currently stored in the Pathology Department, may be used for research purposes.	
I agree that the Hospital may store the above biological material in the Research Tissue Bank and that routine clinical information about my case may also be stored on the Tissue Bank database.	
I agree that my biological material and routine clinical data may be supplied anonymously to NHS, university or commercial organisations, including organisations outside the European Union, provided the purpose of the intended research is to improve patient care.	
I give permission for DNA/RNA to be extracted from my donated material for use in genetic/genome research and for the anonymised results of this research to be published.	
I understand Royal Papworth Hospital's Research & Development Department, research organisations using the Research Tissue Bank service and regulatory authorities will have access to the Tissue Bank database for audit and monitoring purposes to ensure accuracy of data collection and that the Tissue Bank is being properly managed.	

Please ask **PATIENT to INITIAL**

(Optional) I agree to additional biological material (as outlined in the patient information sheet) to be taken during my subsequent routine care, provided that such removal is safe and does not create any detrimental effects for me.	YES	NO
(Optional) I agree that donated samples could be used in regulatory approved medical research involving animals, only when it is absolutely necessary	YES	NO

PLEASE NOTE SIGNATURES OVER THE PAGE

Patient's signature.....

Date .....

Ward .....

Consultant .....

*I have explained the request for biological material for research purposes and confirm that the patient has had the opportunity to ask any questions.*

Name .....

Bleep.....

*Person taking consent on behalf of Royal Papworth Hospital NHS Trust*

Signature .....

Date .....

*Person taking consent on behalf of Royal Papworth Hospital NHS Trust*

Once the patient has signed the consent form please photocopy and give the patient the photocopy, and send the original to Tissue Bank.