

Hospital Number:
Surname:
First Names:
D.O.B.

TISSUE BANK

CONSENT FORM

for the collection and storage of human biological material for research

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

I confirm that I have read and that I understand the 'Tissue Bank Patient Information' <u>Version 19 dated 07 April 2022</u> and that I have had an opportunity to ask questions.	
I consent that biological material, which has been removed as a necessary part of my procedure, may be used for research purposes.	
I agree to additional biological material (as outlined in the patient information sheet) being taken during my routine visit, provided that such removal is safe and does not create any detrimental effects for me.	
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 agree to material donated prior to 2013 also being used for research involving analysis of my DNA/RNA	
I understand that Royal Papworth Hospital's Research & Development Department, research organisations using the Research Tissue Bank service and regulatory authorities may request access to the tissue bank database for audit and monitoring purposes, to ensure accuracy of data collection and Tissue Bank processes.	

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

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.