

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 20 dated 10 October 2023</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 explained in the patient information sheet) being taken during this routine visit, provided that such removal is safe and does not create any detrimental effects for me. | | |
| I agree that the Hospital can store the above biological material in the Research Tissue Bank and that routine clinical information about my case will be stored on the Tissue Bank database. | | |
| I understand that my clinical information may be selected for audit and monitoring purposes. | | |
| I agree that my biological material and/or routine clinical data may be supplied anonymously to NHS, university, or commercial organisations, including organisations outside the UK, for the purpose of improving patient care. | | |
| I understand that my biological material may be used to grow cells to produce an anonymised cell line which can be used for scientific/biomedical research for the purpose of improving patient care. | | |
| If all above boxes INITIALLED, please complete additional sections. PATIENT TO INITIAL | | |
| I give permission for DNA/RNA to be extracted from my donated material (including material donated prior to 2013, if applicable) for use in genetic/genome research and for the anonymised results of this research to be published. | YES | NO |
| | | |
| I give permission for my clinician to inform me of any clinically relevant incidental finding because of genetic/genome testing on my material as part of a research project. | YES | NO |
| | | |
| I agree to additional biological material (blood and other bodily fluids) to be taken during my future routine care, provided that such removal is safe and does not create any detrimental effects for me. | YES | NO |
| | | |
| 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.