

Participant ID: _____

Insert initials
in box
YES or NO

Taking Part

- 1. I confirm that I have read and understand the information sheet for this project, and I have had the opportunity to ask questions. YES NO
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected. YES NO
- 3. I understand that my samples and data will be kept for research unless informed otherwise. YES NO
- 4. I understand that some of the projects may be carried out by researchers who work outside of this establishment and possibly outside the United Kingdom, including commercial companies. YES NO
- 5. I understand that I will not benefit financially from any research that leads to the development of new treatments or medical tests in the future. YES NO
- 6. I understand that DNA from the samples may be used for approved projects and as the samples are anonymised, the results of this analysis will not be available to me. YES NO
- 7. I agree to make my contact details available to researchers that may have details of further studies that I may want to take part in YES NO

Samples

- 8. I agree for samples that will usually be discarded after routine tests, to be kept for research YES NO
- 9. I understand that during routine examination and sampling, I may be asked to donate an extra 2 or 3 samples for research. YES NO
- 10. I agree to donate: blood YES NO urine YES NO mouth swab YES NO

Data

- 11. I understand that my clinical information may be looked at by responsible individuals from the biobank staff or NHS trust. I give permission for these individuals to have access to my records. I also understand that when tissue samples and data are collected and stored for use in research projects they will be linked-anonymised. Any external researchers will receive fully anonymised data. YES NO

Name of Participant (BLOCK CAPITALS)

Date

Signature

Name of Person Taking Consent (BLOCK CAPITALS)

Date

Signature

Name of Witness (if required) (BLOCK CAPITALS)

Date

Signature

One copy to the patient, one copy in the medical notes and one copy for the biobank