

Document Name	QF-TGU-A-CONSENTF	VERSION 1.4	Review date	01-Jun-2017
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Lothian NRS BioResource

The collection of Tissue, Biospecimens and Data for Research

PARTICIPANT CONSENT FORM

Explanation of consent procedure

You are being invited to donate tissue to the Lothian NRS BioResource and should have had time to read the Participant Information Sheet (Version 1.4) and discuss it with your healthcare team, GP, family and friends.

If you decide to participate, please initial the boxes for numbers 1 to 7, circle YES or NO for numbers 8 and 9, and sign at the bottom (overleaf).

All of your information will be treated strictly confidentially, and all BioResource staff will follow the principles of the Data Protection Act 1998.

- | | Please Initial |
|--|--------------------------|
| 1. I confirm that I have read this consent form and Participant Information Sheet (Version 1.4) and have had the opportunity to ask questions about them. | <input type="checkbox"/> |
| 2. I understand that some surplus tissue or body fluids may be left over during the course of my operation(s) / investigation(s) within NHS Lothian and I agree to donate this surplus material to the Lothian NRS BioResource for future research use. | <input type="checkbox"/> |
| 3. I declare that I have given my consent voluntarily to the storage of this surplus tissue and understand that I am free to withdraw at any time without giving any reason, and that my medical care will not be affected. | <input type="checkbox"/> |
| 4. I agree that my donated sample(s) may be used by clinical, academic or commercial researchers, and may be used abroad. | <input type="checkbox"/> |
| 5. I give the Lothian NRS BioResource permission to access and store information about my general physical health, past, present and future illness, diagnosis and treatment from my medical records. I understand that all information collected will be kept strictly confidential by the BioResource research team. | <input type="checkbox"/> |
| 6. I understand that the information obtained through any research conducted is unlikely to have any direct medical benefit to me, but I agree to my clinical care team being informed if research tests on my samples could have direct impact on my care during the course of my treatment | <input type="checkbox"/> |
| 7. I understand that I will not benefit financially if this research leads to the development of a new treatment or medical test or product. | <input type="checkbox"/> |

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8. I agree that my surplus tissue or other biospecimen may be stored and used for future genetic testing including DNA testing and possibly whole genome sequencing.

YES / NO

Please clearly circle YES or NO

9. I agree to provide an extra blood sample, by venepuncture, and/or urine sample if necessary.

YES / NO

Please clearly circle YES or NO.

**Name of patient
(please print)**

Signature

Date

.....

**Name of person witnessing
consent**

Signature

Date

.....

Thank you for agreeing to take part in this research

3 Copies:

1 to Participant, original to Lothian NRS BioResource, 1 to be stored in Patient File

Contact details for BioResource team:

The Tissue Governance Manager
NHS Lothian
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Waverley Gate
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Study ID label:

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