

MANCHESTER CANCER RESEARCH CENTRE BIOBANK
CONSENT FORM FOR HAEMATOLOGICAL TISSUE BIOBANKING

PLEASE
 INITIAL BOX

PATIENT INFORMATION SHEET: I have read and understood the Patient Information Sheet titled, "Consent to storage and use of blood and/or bone marrow for research (version 2.0)." I have had the opportunity to consider the information and ask questions. Any questions I had have now been answered to my satisfaction.

TODAY'S SAMPLES: I consent to the donation ('gifting') of the sample(s) of blood and/or bone marrow cells collected from me today, which are surplus to clinical needs, to the Manchester Cancer Research Centre (MCRC) Biobank. I understand that MCRC Biobank will be the custodian of this tissue. I consent to its storage by MCRC Biobank and to its future use in regulated medical research.

I agree to donate a blood sample (up to 40mls)

I agree to donate any leftover leucopheresis product

I agree to donate bone marrow aspirate (up to 20mls)

I agree to donate saliva or a buccal swab

FUTURE SAMPLES: I consent to the donation ('gifting') of sample(s) of blood and/or bone marrow cells that might be collected from me in the future, which are surplus to clinical needs, to MCRC Biobank. I understand that MCRC Biobank will be the custodian of this tissue. I consent to its storage by MCRC Biobank and to its future use in regulated medical research (**optional**).

PERSONAL INFORMATION: I understand that my personal details (e.g. name, address, telephone number) will not be released to researchers and that tissue samples will be anonymised. However, I consent to authorised MCRC Biobank personnel accessing my medical and related records periodically to obtain information associated with my medical condition. I understand that any information about me will be stored securely and kept confidential.

GENETIC TESTING: I consent to genetic assessment of my blood and/or bone marrow tissue to determine whether genetic makeup has any influence on my blood disorder (**optional**).

FINANCIAL BENEFIT: Although the Biobank may recover sample collection and processing costs, I understand neither I nor the Biobank will benefit financially if research on my donated samples leads to new treatments or medical tests.

COMMERCIAL COMPANIES: I understand that some of these projects may be carried out under appropriate contract by researchers working for commercial organisations including the pharmaceutical industry and I agree to this (**optional**).

FREEDOM TO WITHDRAW: I understand that I am free at any time to withdraw my consent for MCRC Biobank to store and use my blood and/or bone marrow tissue without giving any reason and without it affecting my medical care. I understand that my tissue would then be destroyed and all personal details erased from the MCRC Biobank database. However, I also understand that any data from research already performed would not be destroyed.

Donor name: _____ Signature: _____ Date: _____

Donor hospital number: _____ Donor hospital: _____

I have explained to the donor the reasons for collecting, storing and using for research their blood and/or bone marrow cells. I am satisfied the donor signing this form understands the content and purpose of this consent form.

Name of person taking consent: _____ Designation: _____

Signature: _____ Date: _____