



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___)." I have had the opportunity to consider the information and ask questions. Any questions I had have now been answered to my satisfaction.

CURRENT SAMPLES: I consent to the donation ('gifting') of the sample(s) of blood, surplus/leftover bone marrow aspirate/biopsy or **other samples*** to the Manchester Cancer Research Centre (MCRC) Biobank. I understand that MCRC Biobank will be the custodian of these samples. I consent to their storage by MCRC Biobank and to their future use in regulated medical research in the UK and overseas.

*I agree to donate _____ as described to me by the doctor or Biobank Technician

EXTRA BONE MARROW: I consent to the donation of extra bone marrow that may be collected during procedures undertaken as part of my routine care. I understand that additional samples will only be taken if it is safe to do so, and that no extra procedures will be performed solely for the purpose of donation to the Biobank (**optional**).

PREVIOUS SAMPLES: I consent to the donation ('gifting') of past sample(s) which are surplus to clinical needs. 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 in the UK and overseas (**optional**).

FUTURE SAMPLES: I consent to the donation ('gifting') of sample(s) that might be collected from me in future to the 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 in the UK and overseas (**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 samples 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: _____

I have explained to the donor the reasons for collecting, storing and using for research their samples. 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: _____