

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 14 dated 4<sup>th</sup> September 2017</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 extra blood being taken during my routine care, provided that such removal is safe and does not create any detrimental effects for me.	
I agree to additional biological material (as outlined in the patient information sheet) to be taken during my routine care, provided that such removal is safe and does not create any detrimental effects for me.	
I agree that the Hospital may store the above biological material in the Research Tissue Bank and that routine clinical information about my case may also be stored on the Tissue Bank database.	
I agree that my biological material and routine clinical data may be supplied anonymously to NHS, university or commercial organisations, including organisations outside the European Union, provided the purpose of the intended research is to improve patient care.	
I understand that Papworth Hospital's Research & Development Department, research organisations using the Research Tissue Bank service and regulatory authorities may request access to the tissue bank database for audit and monitoring purposes, to ensure accuracy of data collection and Tissue Bank processes.	

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 Papworth Hospital NHS Trust

Signature ..... Date.....  
***Person taking consent on behalf of 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.