



Institution Logo & Name

TISSUE BANK DONOR CONSENT FORM

Pre-Op Consent Post- Op Consent

Surname:	UR No:
Given Name:	
Date of Birth:	Sex:
Address:	Telephone No:

Patient Consent:

- I have read, or have had read to me in a language I understand, the Patient Information Sheet and Consent Form version **X**, issue date **(M/Y)**.
- I have had an opportunity to ask questions and am satisfied with the answers I received.
- I freely agree to donate my tissue as a 'gift', to the Tissue Bank according to the conditions in the Patient Information Sheet.
- I have been given a copy of the Patient Information Sheet and I will be given a copy of the signed Consent Form to keep.
- I understand that researchers from other institutions may access my tissue and that research may take many years and any information gained will not benefit me or my family personally or financially.

Participant's Name (print): _____ Date: _____

Signature: _____

Witness Name (print): _____ Signature: _____ Date: _____

Declaration by Person Providing Information:

I have given a verbal explanation of the aims of the Tissue Bank, its possible procedures and risks and I believe that the participant has understood that explanation.

Name and Title (print): _____ Signature: _____ Date: _____

(Note: All parties signing the Consent Form must date their own signature)

Please read carefully and tick either YES, NO or NA (Not Applicable).

- I give permission to have **35 to 50** ml of my blood collected. YES NO
- I give permission for an additional **35 to 50** ml of blood to be collected at follow up visits. YES NO
- I give permission for cells obtained from my blood or tissues to be used to establish cell lines. (A cell line is comprised of cells that have been allowed to grow indefinitely). YES NO
- You may use my samples to conduct studies that identify genes or diseases that run in families eg. diseases that can be passed on (through DNA) to blood relatives. YES NO
- I give permission for health information to be collected from my doctor, medical records or through ethically approved health databases or cancer registries. YES NO
- You may use my archived tissue paraffin (wax) blocks for research. YES NO
- You may contact me in the future to take part in other research projects or surveys. YES NO
- I give permission to have an additional 10mls of bone marrow collected. YES NO NA
- I give permission for bone marrow to be collected at follow up visits YES NO NA

Optional Contact:

In the case of my death, I wish to nominate a next of kin to be notified of any research results that may be of medical importance to my family.

Name of your next of kin (print): _____ Relationship to you: _____

Mailing address: _____ Your Signature: _____

Postcode: _____ Telephone number: _____ Date: _____

If an Interpreter was used please fill in the following:

I have interpreted the Patient Information Sheet and Consent Form to the above in a language he/she may understand.

Language: _____ Relationship to patient: _____

Interpreter's Name (print): _____ Signature: _____ Date: _____

Contact Details

Consent Form: Version **X** Issue Date: **M/Y** Protocol Number: **(HREC No)** Title: **Victorian Cancer Biobank**
Principal Investigator: **(Names)** Associate Researchers: **(Names)**
Contact Phone Numbers: The Tissue Bank **(phone number)** Project Coordinator/s: **(Tissue Bank Managers)**

MEDICAL RECORDS FILE NUMBER