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CONSENT FORM

For Donation of Biosamples to Northern Ireland Biobank

Please initial box

- 1. I confirm that I have read and understood the information sheet dated _____ (version _____) for the donation of saliva, urine, blood, tissue or body cavity fluids surplus to diagnostic need and have had the opportunity to ask questions.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and this will not affect my medical care or legal rights. However I also understand that any data from research already performed would not be destroyed.
- 3. I agree to my samples being used for the purposes of cell culture.
- 4. I consent to the donation ("gifting") of samples that might have been collected from me in the past, which are surplus to clinical needs, to NIB. I consent to their storage under NIB custodianship and to their future use in regulated medical research.
- 5. I understand that sections of any of my medical notes may be looked at by responsible individuals from the Belfast Health and Social Care Trust and Queen's University Belfast where it is relevant to my taking part in research. I give my permission for these individuals to have access to my records.
- 6. I understand there will be no intent by the Northern Ireland Biobank to trace research results back to individual patients.
- 7. I understand that there may be long-term clinical follow-up of my samples whilst they remain in the Northern Ireland Biobank.
- 8. I consent to genetic assessment of my samples to determine whether genetic makeup has any influence on disease.
- 9. I give my consent for the following samples, which are surplus to diagnostic need, to be stored in the Northern Ireland Biobank and used in future approved research projects.

Saliva
 Urine
 Blood
 Tissue samples
 Fluids from body cavity

Name of Patient

Date

Signature

Name (NIB Research Nurse / Doctor)

Date

Signature

Original to be retained by the Northern Ireland Cancer Trials Unit, 1 copy for patient and 1 copy for hospital notes