



URN |

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 and tissue samples 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 effect my medical care or legal rights.
- 3. 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 Queens 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.
- 4. I understand there will be no intent by the Northern Ireland Biobank to trace research results back to individual patients.
- 5. I understand that there may be long-term clinical follow-up of my samples whilst they remain in the Northern Ireland Biobank.
- 6. 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	Tissue samples	Blood
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ 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