

Patient Consent Form (16+ years)

Patient Number

Thank you for reading the information about donating samples to VIVO Biobank for cancer research. Please note that this is separate from any clinical trials that you may be asked to join. If you would like to take part, please initial the boxes below.



1. I have read and understood the information leaflet (16+ version 1a June 2023) and have been able to ask questions. These questions have been answered clearly.
2. I give permission for my samples (surplus to clinical need) to be stored by VIVO Biobank. They will only be given to research projects with ethical approval investigating the prevention, diagnosis and/or treatment of cancer.
3. I give permission for additional samples, taken at the same time as the clinical sample, to be stored by VIVO Biobank. They will only be given to research projects with ethical approval, investigating the prevention, diagnosis and/or treatment of cancer.
4. I understand taking part is voluntary and that I am free to withdraw consent at any time without giving a reason and without my medical treatment or legal rights being affected. If I withdraw consent, samples and data will be destroyed unless already used in research.
5. I give permission for information about my health status in my medical notes to be supplied to and stored securely in the VIVO Biobank database for research purposes. I understand that VIVO Biobank will keep this information confidential at all times, securely stored in line with current data regulations. Information will only be given to researchers in a way that protects my identity.
6. I understand that the information held and maintained by national health registries may be used to provide information about my health status.
7. I consent for my tissue and clinical data, collected by VIVO Biobank, to be associated with genomic data generated, and held by, NHS England / Genomics England and / or other clinical laboratories
8. I agree to my genetic material being extracted from the VIVO Biobank stored samples, and tested for the purposes of research
9. I understand that my samples and/or data, including published data, may be made available to researchers worldwide, including countries that do not have data protection laws that are similar to those in the UK, but that no personal identifiable information will be shared.
10. I understand that I will not be told the results of any individual research projects. If research shows results that may be relevant to me, I agree that these may be passed on to my doctor to discuss the best course of action.
11. I understand that I will not benefit financially from my donation of samples. This includes my samples being involved in research resulting in the development of a new treatment or medical test.

Optional

12. I agree to my samples and data being used in ethically approved research involving animals and that material from my samples may be transferred into animal models.

Please indicate your choice by initialling one box.

Yes

No

.....
Name of patient (CAPITALS)

.....
Signature

.....
Date

.....
Person taking consent (CAPITALS)

.....
Signature

.....
Date

1 copy in site file, 1 copy for patient, 1 copy to be kept in patient's medical notes.

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