

Post-Mortem Parent / Guardian Consent Form



Patient Number

Thank you for reading the information on the post-mortem collection and storage of tissue for research into cancer. If you would like to take part, please initial the boxes below.

1. I have read and understood the parent/guardian post-mortem information leaflet (version 1a, June 2023) and have been able to ask questions. These questions have been answered clearly.
2. I give permission for my child's samples 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 understand taking part is voluntary and that I am free to withdraw consent at any time without giving a reason without my legal rights being affected. Samples and data will be destroyed unless already used in research.
4. I give permission for information about my child's clinical data in their 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 child's identity.
5. I understand that the information held and maintained by national health registries may be used to provide information about my child's illness.
6. I consent for my child's 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
7. I agree to my child's genetic material e.g. DNA, being tested for the purposes of research
8. I understand that my child's samples and data may be sent to researchers worldwide, including countries that do not have data protection laws that are similar to those in the UK, but no personal information will be sent so patients cannot be identified.
9. I understand that I will not be told the results of any individual research test. If research shows results that may potentially affect a family member, I agree that these may be passed on to my child's doctor to discuss the best course of action.
10. I understand that I will not personally benefit from my child's donation of samples. This includes my child's samples being involved in research resulting in the development of a new treatment or medical test.

Optional

11. I agree to my child's samples and data being used in ethically approved research involving animals and that material from my child's samples may be transferred into animals.

Please indicate your choice by initialling one box.

Yes

No

.....
Name of parent / guardian

.....
Signature

.....
Date

.....
Person taking consent

.....
Signature

.....
Date

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