

Patient Assent Form (8 + years)



I have read, or had read to me, the information leaflet about VIVO Biobank which tells me all about giving samples.

I am happy to give my samples and for you to keep information about my illness and treatment.

If you would like to take part, please write your name in the space below. We will also sign this form and give you a copy for your family to keep.

Please write your name here:	Date:
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Parent / Guardian's name (CAPITALS):	Date:
Signature:	

Doctor or nurses's name (CAPITALS):	Date:
Signature:	

You can change your mind at any time, you just need to tell us.

Thank you very much.

Note:

If this Assent form is completed then the Parent/Guardian Consent Form MUST also be signed.