

# Cancer Biobank – Informed Consent Form

1. Cancer Biobank (Please circle Yes or No)		
I have read and understood the Cancer Biobank Participant Information Leaflet (PIL) and had the purpose, duration, risks and benefits of my participation fully explained to me.	Yes	No
I have had time to consider whether to participate or not in the Cancer Biobank. I have had the opportunity to ask any questions, and my questions have been answered satisfactorily.	Yes	No
I understand that my participation is voluntary. I can withdraw from the Cancer Biobank at any time, without my medical care or legal rights being affected.	Yes	No
I understand that my samples will be stored in the Cancer Biobank until they are used in cancer research and that my data (including genetic data) will be stored in Cancer Biobank databases indefinitely.	Yes	No
I understand that surplus fixed tissue blocks, may be used in cancer research studies.	Yes	No
I understand that my relevant medical records will be accessed by authorised biobank personnel.	Yes	No
I understand that I will not receive any financial benefit from my participation in the Cancer Biobank.	Yes	No
2. Research based on Biobank samples and data (please circle Yes or No)		
I understand that by giving my explicit consent to biobank my samples and data, I consent to them being used in cancer research (including genetic research).	Yes	No
I understand that cancer research may involve the sharing of my biological samples and pseudonymised data with other research institutions and industry partners.	Yes	No
I understand that individual research results will not be given to me and all research findings are published in the scientific literature.	Yes	No
3. Data Protection (please circle Yes or No)		
I have been assured that the information about me will be kept confidential and it will be protected in accordance with General Data Protection Regulation guidelines.	Yes	No
I understand that regulatory authorities may access the Cancer Biobank records (at random) for audit purposes (bound by strict code of confidentiality) to ensure best research practices.	Yes	No
4. Informed Consent Declaration (please circle Yes or No)		
I freely give my informed consent to provide biological <b>samples</b> to be stored in the Cancer Biobank and to be used for cancer research having been fully informed of the risks and benefits.	Yes	No
I freely give my informed consent to have my <b>data</b> (personal, clinical, lifestyle and genetic) processed by Cancer Biobank personnel and research teams as set out in the PIL.	Yes	No
I freely give my informed consent to allow my surplus fixed tissue blocks be used in cancer research provided such use is compliant with Hospital policy having been fully informed of the risks and benefits.	Yes	No
5. Permission to contact (please circle Yes or No)		
I give the Cancer Biobank permission to contact me in future to request my involvement in further Cancer Biobank activities such as new research, focus groups or questionnaires.	Yes	No
<p><b>Participant Name (BLOCK CAPITALS):</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>		
6. To be completed by the Person Requesting Consent (e.g Doctor, Nurse, Clinical Research Associate)		
<p>I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of the Cancer Biobank in a way that they could understand. I have explained the risks involved and the possible benefits. I have invited them to ask questions on any aspect of the Biobank that may concern them.</p> <p><b>Name (BLOCK CAPITALS):</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p> <p>- White copy to accompany specimens to Cancer Biobank, Lambe Institute laboratory via Chute #3039                      - Yellow copy to be placed in the patient medical chart                      - Pink copy to be given to consenting participant</p>		