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| NHS Number:Name:Hospital Number:Date of Birth: |

# King's Health Partners Cancer Biobank Adult Consent Form

Remote consent (please initial only if consented remotely)

I confirm that biobanking has been explained to me, I have received patient information leaflet 'Donating cells and tissue for research to improve health care — information for patients and healthy volunteers' and have had an opportunity to ask questions.

I agree to the following: Please initial box if you agree

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| Use any cells or tissue obtained during my diagnosis, surgery and any subsequent procedures may be kept for future research. Including samples left over from previous diagnostic tests. |  |
| The use of my anonymised clinical details together with my donated samples. I am aware that no research information can be linked back to me. |  |
| Biobank staff contracted to Guy's & St Thomas' Hospitals may look at relevant sections of my medical notes to obtain information about my condition. |  |
| Donate blood for research purposes (up to 80ml or approximately 4 tablespoons). |  |
| If requested, provide a: | Urine samples. |  |
| Cheek scrape/swab or saliva sample |  |
| Faecal sample. |  |
| If requested provide: | Extra tissue samples for research purposes at the time of my planned diagnostic biopsy or procedure (up to 4 extra cores). |  |
| Extra tissue samples for research purposes being taken during treatment and understand that this will involve an extra biopsy procedure (up to 4 extra cores). |  |
| My samples may be used for genetic research. |  |
| My GP or the National Cancer Registry may be contacted for information relevant to my condition and ongoing treatment in the event that I stop attending Guy's & St Thomas' Hospitals. |  |
| My samples and data may be used by: | Overseas researchers. |  |
| Commercial organisations e.g., drug companies. |  |
| My samples may be used for research involving animals. |  |
| My samples may be used to create cell lines and organoids. |  |
| I understand that my participation is voluntary and that I am free to withdraw my consent at any time without giving a reason. Any unused samples taken for research purposes will be destroyed. |  |

Name of Patient Name of Person taking Consent



 Date Date

Signature of Signature of Patient/Person taking Representative Consent

Date: 1 st February 2023, Version 5.1 Biobank Copy REC No: 23/EE/0005