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| **STANDARD CONSENT FORM** | **EXAMPLE Biobank Consent Form for Patients** | | | | |
| **3 copies = 1 for the Patient; 1 for the Biobank; 1 for the Chart** | | | | | |
| **Project** | **Main investigators: Dr. John Doe &**  **Dr. Jane Doe** | | | **Tel (01) 234 5678** | |
| **Patients should write their initials in each box below to confirm that they have read, understood and agreed to each of the numbered points.** | | | | | |
| **1. Patient Information Sheet** | | | | | **Initials** |
| I confirm that I have **read**, **understood** and had **time** to consider the **EXAMPLE** **Patient Information** **Sheet** and have had the opportunity to ask questions. | | | | |  |
| **2. Participation is voluntary Initials** | | | | | |
| I understand that my participation is my **own decision** and that I am free to withdraw or opt  out at any time without giving any reason. | | | | |  |
| **3. Long-term storage of samples and data Initials** | | | | | |
| I give permission for the collection and long-term storage of my tissue, blood, urine, saliva  and serum **samples** in the biobank. I give permission for my **medical information** to be collected and stored long term on computer databases in the biobank and on a secure web- server. I understand that my information will be stored as **coded** and **non-coded data** (see point 3.4 of EXAMPLE Patient Information Leaflet). **I know how to contact the biobank**. | | | | |  |
| **4. Future research and studies Initials** | | | | | |
| I understand that my samples may be included in **many studies**. I understand these studies  may include (but would not be limited to) understanding the genetic influences related to **cancer growth, early detection, the causes of cancer, cancer in families** and **developing new tests or treatments for cancer**. | | | | |  |
| **5. Hospital approved staff may know which samples belong to you Initials** | | | | | |
| I give permission for **hospital-approved staff** (see points 3.4 & 8 of EXAMPLE Patient Information Leaflet), at the hospital where I receive treatment, to read my **hospital charts** while doing their work on my samples. | | | | |  |
| **6. Sharing samples and coded data Initials** | | | | | |
| I understand that researchers from other **hospitals**, **third-level institutions** and **companies**  **developing new tests and treatments** can use my samples and data in shared and ethically approved studies. I give permission for my **coded data** (see point 3.4 of Patient Information Leaflet) to be **shared** between different places such as colleges, hospitals and companies for cancer research. **I understand my data will be shared as explained in point 9 of the EXAMPLE Patient Information Leaflet.** | | | | |  |
| **7. National Cancer Register Initials** | | | | | |
| I agree to the release, by the National Cancer Registry, of my **coded data** as explained in  point 8 of the **EXAMPLE** **Patient Information Leaflet**. | | | | |  |
| **8. No financial gain Initials** | | | | | |
| I understand I will **not make money** if research leads to a new test or treatment. | | | | |  |
| **PRINT patient’s name** | | **Date** | **Signature** | | |
|  | |  |  | | |
| **PRINT name of person taking consent** | | **Date** | **Signature** | | |
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| **This Biobank consent form and Patient information Leaflet is a copied example of the standard consent form of Biobank Ireland Trust. Biobank Ireland Trust owns the copyright to this document.** | | | | | |

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