



**MANCHESTER CANCER RESEARCH CENTRE BIOBANK  
CONSENT FORM FOR HAEMATOLOGICAL TISSUE BIOBANKING**

PLEASE  
INITIAL BOX

**PATIENT INFORMATION SHEET:** I have read and understood the Patient Information Sheet titled, "Consent to storage and use of blood and/or bone marrow for research (version\_\_\_)." I have had the opportunity to consider the information and ask questions. Any questions I had have now been answered to my satisfaction.

**CURRENT SAMPLES:** I consent to the donation ('gifting') of the sample(s) of blood, bone marrow aspirate/biopsy or **other samples\*** to the Manchester Cancer Research Centre (MCRC) Biobank. I understand that extra samples will only be taken from me if it is safe to do so and I understand that the MCRC Biobank will be the custodian of this tissue. I consent to its storage by MCRC Biobank and to its future use in regulated medical research, including regulated animal research in the UK and overseas.

\*I agree to donate \_\_\_\_\_ as described to me by the doctor or Biobank Technician

**PREVIOUS SAMPLES:** I consent to the donation ('gifting') of past sample(s) which are surplus to clinical needs. I understand that MCRC Biobank will be the custodian of this tissue. I consent to its storage by MCRC Biobank and to its future use in regulated medical research in the UK and overseas (**optional**).

**FUTURE SAMPLES:** I consent to the donation ('gifting') of sample(s) that might be collected from me in the future, which are surplus to clinical needs, to MCRC Biobank. I understand that MCRC Biobank will be the custodian of this tissue. I consent to its storage by MCRC Biobank and to its future use in regulated medical research in the UK and overseas (**optional**).

**PERSONAL INFORMATION:** I understand that my personal details (e.g. name, address, telephone number) will not be released to researchers and that tissue samples will be anonymised. However, I consent to authorised MCRC Biobank personnel accessing my medical and related records periodically to obtain information associated with my medical condition. I understand that any information about me will be stored securely and kept confidential.

**GENETIC TESTING:** I consent to genetic assessment of my samples to determine whether genetic makeup has any influence on my blood disorder (**optional**).

**FINANCIAL BENEFIT:** Although the Biobank may recover sample collection and processing costs, I understand neither I nor the Biobank will benefit financially if research on my donated samples leads to new treatments or medical tests.

**COMMERCIAL COMPANIES:** I understand that some of these projects may be carried out under appropriate contract by researchers working for commercial organisations including the pharmaceutical industry and I agree to this (**optional**).

**FREEDOM TO WITHDRAW:** I understand that I am free at any time to withdraw my consent for MCRC Biobank to store and use my blood and/or bone marrow tissue without giving any reason and without it affecting my medical care. I understand that my tissue would then be destroyed and all personal details erased from the MCRC Biobank database. However, I also understand that any data from research already performed would not be destroyed.

Donor name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor hospital number: \_\_\_\_\_ Donor hospital: \_\_\_\_\_

I have explained to the donor the reasons for collecting, storing and using for research their samples. I am satisfied the donor signing this form understands the content and purpose of this consent form.

Name of person taking consent: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_