



Consent for Research using Human Tissue and Blood Samples

Thank you for reading the information about giving blood and tissue samples to onCore UK for cancer research. Please note that this process is separate from that related to any clinical trials that you may also be asked to join. If you would like to take part, please give us your consent, which can be given if you confirm 'yes' to the six questions below. Then sign in the box below and have this witnessed at the same time as you sign it.

1. I have read and understand the patient information leaflet entitled 'Giving Tissue and Blood Samples for Cancer Research' dated 08-05-07 (version 2), and have had the opportunity to ask questions. These questions have been answered clearly and satisfactorily and I understand the risks and benefits of giving my samples to onCore UK.
Yes No

2. I give permission for my tissue and blood samples to be supplied to onCore UK, and for onCore UK to store and distribute them to any researchers whose work has appropriate ethical approval and who are conducting high quality medical research on the prevention, diagnosis and / or the treatment of cancer or other associated diseases.
Yes No

3. I understand how the samples will be collected, that giving samples for research is voluntary and that I am free to withdraw my approval for use of the sample at any time without giving a reason and without my medical treatment or legal rights being affected.
Yes No

4. I give permission for information about me, provided by me or found in my medical and other health-related records, to be supplied to and stored by onCore UK for research purposes. I understand that onCore UK will keep this information confidential at all times and will only pass information to researchers in an anonymous way that protects my identity.
Yes No

5. I understand that my consent can be withdrawn at any time, providing my samples are still being stored by onCore UK, and have not already been used in research.
Yes No

6. I understand that I will not personally benefit, financially or otherwise, from my gift of blood or tissue samples. This includes the circumstances of my samples being involved in research resulting in the development of a new treatment or medical test.
Yes No

Name of Patient	Date	Signature

Name of Witness	"Role"	Date	Signature

This witness can be a healthcare worker, relative, other patient, other adult, etc as available.

Thank you for agreeing to make this gift to help research.