

Document Name	QF-TGU-A-CONSENTF	VERSION 1.6	Review date	09-Oct-2023
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Lothian NRS (NHS Research Scotland) BioResource

The collection of Tissue, Biospecimens and Data for Research

PARTICIPANT CONSENT FORM

Explanation of consent procedure

You are being invited to donate tissue to the Lothian NRS BioResource and should have had an opportunity to read the Participant Information Sheet (Version 1.6) and discuss it with your healthcare team, GP, family and friends.

If you decide to participate, please circle YES or NO for numbers 8 and 9, and sign at the bottom (overleaf).

All of your information will be treated strictly confidentially, and all BioResource staff and staff working on studies approved by the BioResource will follow the principles of the General Data Protection Regulation (GDPR) and Data Protection Act 2018.

1. I confirm that I have been given an opportunity to read this consent form, the Lothian NRS BioResource Participant Information Sheet (Version 1.6) and have had the opportunity to ask questions about them.
2. I understand that some surplus tissue or body fluids (samples) may be left over during the course of my operation(s) / investigation(s) within NHS Lothian and I agree to donate this along with some depersonalised patient data to the Lothian NRS BioResource for use in research and medical education.
3. I give the Lothian NRS BioResource staff and associated staff working in conjunction with them on studies approved by the BioResource permission to access and store information and patient data about me, such as my general physical health, past, present and future illness, diagnosis and treatment from my medical records. I understand that all information collected will be kept strictly confidential by the staff mentioned above.
4. I give my consent voluntarily to the storage and use of this surplus tissue and patient data for these purposes and understand that I am free to withdraw at any time without giving any reason, and that my medical care will not be affected.
5. I agree that my donated sample(s) and depersonalised patient data may be used by clinical, academic or commercial researchers, and may be used abroad. I understand that BioResource staff and other staff working in conjunction with the BioResource helping to prepare and deliver the tissue and data for research will be able to identify me but my tissue and data will be released and/or stored for research in a depersonalised manner.

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6 I understand that the information obtained through any research carried out is unlikely to have any direct medical benefit to me but agree to my clinical care team being informed if research tests on my samples could have direct impact on my care during the course of my treatment.

7 I understand that I will not benefit financially if this research leads to the development of a new treatment or medical test or product.

8 I agree that my surplus tissue or other sample may be stored and used for genetic testing including DNA testing and possibly whole genome sequencing.

YES / NO

Please clearly circle YES or NO

9 I agree to provide extra blood samples, by venepuncture, and/or urine sample if necessary. I understand that I am free to decline on any occasion.

YES / NO

Please clearly circle YES or NO.

**Name of patient
(please print)**

Signature

Date

.....

Name of person witnessing consent (please print)

Signature

Date

.....

Thank you for agreeing to take part in this research

3 Copies:

1 to Participant, original to Lothian NRS BioResource, 1 to be stored in Patient File

Contact details for BioResource team:

The Tissue Governance Manager
 NHS Lothian
 Public Health Office
 Waverley Gate
 Edinburgh

Tel 0131 465 5456

Email rie.tissuegovernance@nhslothian.scot.nhs.uk

Study ID label:

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