Patient Information and Consent for Use of Tissues

Name of Participant: _____

You have agreed to take part in a research study titled:

_____

_____

_____

and have signed a Research Participant Information and Consent Form.

As you are aware, this study requests that tissue previously taken from you, be sent to a central lab for testing and analysis.

By signing this consent form, you agree that the tissue requested for research purposes will be removed from your file in the local pathology lab and will be shipped to the central lab for testing and analysis.

However, there is a very small chance that the tissue required for this clinical trial may get lost in transport between the sender and the receiving central lab analyzing your tissue. Should this happen, it may affect your ability to enter the above mentioned clinical trial.

Your signature on this consent also means that you understand that participating in this study will decrease the amount of your tissue left in the local pathology lab for possible future review or testing.

SIGNATURES

My participant signature on this consent form means the following:

- The risks associated with the tissue requested for this study have been fully explained to me and all of my questions have been answered.
- I understand the requirements and the risks involved with participating in this study.
- I agree to take part in this study and consent **only** to the release of tissue that is considered **non-essential** by the pathologist and poses no future risk to me.

_____ _____

Signature of Participant
or Legally Acceptable Representative
Specify Relationship _____

Date (dd/ mm/ yyyy)

_____ _____AM/PM

Printed Name

Time Consent Signed

Participant Initials: _____

INVESTIGATOR RESPONSIBLE FOR CONSENT PROCESS:

I, the undersigned, confirm that informed consent has been appropriately obtained.

_____ _____
Signature of Investigator Date (dd/ mm/ yyyy)

_____ _____AM/PM
Printed Name of Investigator Time Consent Signed

STUDY STAFF OBTAINING CONSENT:

I, the undersigned, have fully explained the relevant details of this research study to the participant or the participant's legally acceptable representative and believe that they have understood and have knowingly given their consent to participate.

_____ _____
Signature of Study Staff Conducting the Consent Discussion Date (dd/ mm/ yyyy)

_____ _____
Printed Name Role in the Study

Was the participant assisted during the consent process in one of the ways listed below?

☐ Yes ☐ No

If **yes**, please check the relevant box and complete the signature space below:

☐ The consent form was read to the participant by an impartial witness. The person signing below attests that they were present during the informed consent discussion and that the study was accurately explained to, and apparently understood by, the participant. Consent to participate in this study was freely given.

☐ The person signing below acted as a translator for the participant during the consent process. Please indicate language: _____.

_____ _____
Signature of Person Assisting in the Consent Discussion Date (dd/ mm/ yyyy)

_____
Printed Name of Person Assisting in the Consent Discussion

Please Note: More information regarding the assistance provided during the consent process should be noted in the medical record for the participant if applicable.

Participant Initials: _____