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                             Date (dd/ mm/ yyyy)
or Legally Acceptable Representative
Specify Relationship ____________________________

_________________________ AM/PM
Printed Name                                      Time Consent Signed

Participant Initials: ___________

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INVESTIGATOR RESPONSIBLE FOR CONSENT PROCESS:

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

_________________________  ____________________________
Signature of Investigator     Date (dd/ mm/ yyyy)

_________________________  ____________________________
Printed Name of Investigator     AM/PM

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.

_________________________  ____________________________
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: __________