

Patient Consent Form - Registry and sample(s) donation (Blood / saliva / urine and/or cardiovascular tissue sample)

Patient Consent Form

Donation of Cardiovascular Tissue Sample(s) to the Barts Bioresource. The study has been explained to me by:

Prof/Dr/Mr/Mrs/Ms _____

Participants should complete the whole of this form themselves.

Please initial each box as appropriate	YES	NO
<p>I confirm that I have read and understand Barts Bioresource Patient Information Sheet (Registry and sample(s) donation (blood/saliva/urine and/or cardiovascular tissue sample), v9.1; Dated 11th May 2017 for the above study. I understand that my medical information will be treated confidentially. I agree to my medical image and other medical data (with all personal details removed) being included on publicly accessible Web sites to facilitate research, teaching and education of cardiovascular disease. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. I understand that I can ask for more information at any time using the contact details on the Information Sheet. I understand that information held by the NHS, my General Practitioner (GP) and records maintained by the Office for National Statistics (ONS) may be used to follow up my health status, I give permission for this information to be obtained by the research team if necessary.</p>		
<p>I agree to be contacted in the future for further information on clinical studies and trials for cardiovascular research.</p>		
<p>If you provide us with an email address below for future correspondence, we are happy to use emails, but in order for us to do so, you must provide your consent, recognising that email is not a secure form of communication (details in patient information sheet).</p>		
<p>I give permission for biological sample(s) including tissue to be taken and supplied to the Barts Bioresource for storage on this occasion and if/when I attend future appointments. I agree that these biological samples will be treated as a gift or donation to the Barts Bioresource for medical research into the identification, treatment and prevention of diseases related to the heart and circulation (cardiovascular research). I give permission for my DNA (genetic information) to be used for approved cardiovascular research studies and genetic testing. I understand that none of my results will be given to me including my biological sample(s) and tissue results, unless there is a result that has specific implications for my health and wellbeing. I also understand that I may be invited to attend a follow up appointment for advice if the results of these tests are believed to be important for me or my family. I give permission for my anonymised biological sample(s) and medical information to be passed on to researchers within or outside the UK (to universities, research institutes and/or commercial organisations for the purpose of research)</p>		

I confirm I have read and understood this form and the attached information sheet entitled "Barts Bioresource Patient Information Sheet (Registry and sample(s) donation (Blood/saliva/urine and/or cardiovascular tissue sample), v9.1; Dated 11th May 2017. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

Patient's Signature Printed name Date

Best means of future contact:

Telephone: _____

Email: _____ @ _____

Letter: _____

Person Obtaining Consent

Signature Printed name Date

Study Role: _____

If the subject was assisted during the consent process please complete:

The consent form was read to the subject, and the person signing below acted as an interpreter/ translator for subject during the consent process. The person signing below attests that the study was accurately explained and understood by the subject.

Please provide the language used to take consent: _____

Signature of Person Assisting in the Consent Discussion

Signature Printed name Date