

CONSENT FORM FOR PARTICIPANTS >= 16 YEARS OF AGE

King's College Denmark Hill Haematology Biobank (KCDHH): the collection and storage of blood and tissue for use in research studies into the causes, diagnosis and treatment of blood and bone marrow disorders.

The consent form is in 2 parts: PART A is required for all participants, and PART B which is optional, and for participants who are asked to provide additional samples which is NOT part of routine clinical care.

PART A (required)

Please initial box if you agree

1.	I confirm that I have read and understand the information sheet dated 2 nd December 2021 (version 2.1) for the KCDHH Biobank and have had the opportunity to ask questions and had these answered satisfactorily	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care being affected.	
3.	I confirm that I am happy to give as a gift a sample of bone marrow and/or blood and/ or lymphoid tissue for research (Initial all options that you agree to): Samples may be i) taken for research only at the same time as sampling for clinical purposes; and/ or ii) initially collected as part of clinical care but surplus material subsequently donated for research.	i)
		ii)
4.	I confirm that I am happy to give as a gift a sample of non-blood tissue in the form of (initial all options that you agree to): i) skin biopsy ii) more than 10 nail clippings iii) saliva (mouthwash)	i)
		ii)
		iii)
5.	I understand and agree that my samples may be used in genetic research aimed at understanding the genetic influences on disease	
6.	I understand and agree that my samples may be used to create immortalised cell lines which are grown in the laboratory and used for research.	
7.	My donated sample can be used in research involving animals. (You can still participate in Biobanking if you do not agree to this) (initial the box Agree or Disagree)	Agree
		Disagree
8.	I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from King's College London or the recruiting NHS Trust (Hospital) where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records	
9.	I agree that biobank staff can collect and store information from my health care records, including records from my general practitioner and from approved national clinical registries, for research that uses my samples. I understand that the biobank will keep my information confidential. Information will only be passed on to researchers in a form that protects my identity.	
10	I understand that the sample and data could be shared with either academic or commercial partners who are collaborating on joint projects with the King's College London. Data may include information about my age, gender, clinical diagnosis, blood test results and treatments I have received which are relevant to my condition. Samples and information will only be passed on to researchers in a form that protects my identity.	
11	I understand that the sample could be transferred outside of the United Kingdom to countries with less data protection. The samples will not have any identifiable data on them.	

12	I consider these samples a gift to the King's College London and I understand I will not gain any direct personal benefit from this.	
13	I understand that my donated samples and collected data could be made available to researchers after my death without requiring further consent from my next kin. (initial the box Agree or Disagree)	Agree
		Disagree
14	I understand that from time to time, Biobank staff or Researchers may detect from my donated sample unexpected abnormal findings which may have clinical significance for me. I agree to be contacted with this information and for it to be referred to my doctor. (initial the box Agree or Disagree)	Agree
		Disagree
15	I understand that from time to time, Biobank staff or Researchers may detect from my donated sample unexpected abnormal findings which may have clinical significance for me or my relatives. I agree to be contacted with this information and for it to be referred to my doctor (initial the box Agree or Disagree)	Agree
		Disagree
16	I agree to take part in the KCDHH Biobank.	
17	Additional – not part of consent to KCDHH Biobank (optional) I agree to be contacted about ethically approved research studies for which I may be suitable. I understand that agreeing to be contacted does not oblige me to participate in any further studies.	

PART B (optional)

Please initial box if you agree

Consent for collection of additional samples which is not part of routine clinical care

1.	I confirm that I have been counselled with regard to the risks involved in having an additional procedure to collect samples.	
2.	I confirm that I am happy to give as a gift an additional sample of (<i>circle as appropriate</i>): <ul style="list-style-type: none"> • blood • bone marrow • lymph tissue • non-blood tissue (nails, hair, saliva, skin, faeces, urine) 	

Patient Details:			
Surname		Forename(s)	
Date of Birth	Hospital Number	NHS Number	Hospital
Patient Signature and Date			
Person Taking Consent:			
Name (please print)		Signature and Date	

Instructions for person taking consent:

Please check to ensure all fields are filled in as required and that patient initials and signatures are valid. If you are based at a healthcare institution that is NOT King's College Hospital, Denmark Hill, the original consent form should be kept securely in the site file. A copy of the consent form, marked 'COPY' should be sent with the sample to King's College Hospital SE-HMDS Specimen Reception for attention of the Biobank Team. The patient's clinical notes should be updated to state that the patient has consented to taking part in the KCDHH Biobank.