

HUMAN BIOMATERIALS RESOURCE CENTRE

Adult Patient Consent Form

Please initial each box if you agree with the statement and sign the bottom of the form

- | | |
|---|----------------|
| 1. I have read the Information Sheet entitled 'HUMAN BIOMATERIALS RESOURCE CENTRE' dated 21-Feb-2025 (Version 2.0) and have had the opportunity to ask questions. | Please initial |
| 2. I consent to the storage of my samples (may be tissue, blood or other body fluids) in the Human Biomaterials Resource Centre and for their use in ethically approved biomedical research projects, including genetic studies. I understand that occasionally samples may not be stored, but may be released directly to approved projects. | Please initial |
| 3. OPTIONAL: I understand that donated samples may sometimes be used in ethically approved biomedical research that uses animals, but only when no alternative approaches are available and this is absolutely necessary. | Please initial |
| 4. I understand that giving my samples for research is completely voluntary and that I am free to withdraw my consent at any time without giving a reason, and without my medical care or treatment being affected. | Please initial |
| 5. I understand that my health records may be accessed for research, both now and in the future, but that all extracted information will be anonymised. | Please initial |
| 6. I understand that my samples may be used by local researchers or by research institutions elsewhere in the UK and overseas, including private or commercial companies that carry out biomedical research. I understand that I will not receive any personal financial reward for donating my samples. | Please initial |

Attach patient sticker here

PATIENT	
Name	
Date	
Signature	

PERSON TAKING CONSENT	
Name	
Role	
Date	
Signature	