



## PATIENT REQUEST AND CONSENT FORM

## Melbourne Biobank for Eye Diseases

I	have read and I understand the						
Participant Information Brochure and this consent form.							
Date of Birth:							
Address:		Phone Number: Other Phone Number:					
State:	rate: Postcode:			Email:			
I agree to participate in this project according to the conditions on these forms.							
I understand that a Human Ethics and the MBED commitee must approve any projects that request to use my sample or data in my sample. Personal and medical information will be supplied to researchers in a way that I cannot be identified. Results from research using the MBED may be published, however my identity will always be kept confidential in any such publication.							
I consent to the MBED obtaining information about me. Information may from the Royal Victorian Eye and Ear Hospital (RVEEH) records, private eye doctors, local GP, and databases such as Medicare, or Australian Institute of Health and Welfare (AIHW) for the purposes of this research study.							
My Local Dr/GP is							
At							
Please tick							
I can be contacted in the future regarding further blood samples $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$							
I can be contacted in the future regarding questionnaires YES I NO I							
My preferred method of contact is by Telephone ☐ Mail ☐ Email ☐							
I am happy for the results of my DNA testing and clinical information to be made available, where clinically appropriate, to allow other members of my family to also have appropriate DNA testing. $Yes$ , I am happy $\square$ No, I am not happy $\square$							
I have 1.neve	er smoked cigarettes	2.pre	viously sm	oked 🗖	3. current	tly smoke 🗖	
My family background is, for example (Greek, Italian, Chinese etc)							
Participant SignatureDate:/						//	
Declaration by researcher*: The participant has been provided with a written explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation. The participant has had the opportunity to contact the research team to ask questions or request further information about this study.							
Researcher's Name:							
Office Use Only:							
Consent form received	Sample received	Ophthal/Med R	ecords	Database Entry		Research Team	
Data	Data	Data		Data		Data	

## ROYAL VICTORIAN EYE & EAR HOSPITAL RESEARCH PARTICIPANT'S STATEMENT OF RIGHTS

The Royal Victorian Eye and Ear Hospital considers it important that you know:

Any patient who is asked to participate in a research study involving medical experiment, or who is requested to consent on behalf of another, has the right to:

- 1. Be informed of the nature and purpose of the experiment.
- 2. Be given an explanation of the procedures to be followed and any drugs used in the medical experiment.
- 3. Be given a description of discomforts and risks reasonably expected from the experiment, if applicable.
- 4. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.
- 5. Be advised of appropriate, alternative procedures, drugs, or devices that might be advantageous to the subject, and their relative risks and benefits.
- 6. Be informed of the avenue of medical treatment, if any, available to the subject after the experiment if complications should arise.
- 7. Be given an opportunity to ask questions concerning the experiment or the procedures involved.
- 8. Know that consent to participate in the medical experiment may be withdrawn at any time, and that the subject may discontinue participation in the medical experiment without prejudice.
- 9. Be given a copy of the signed and dated written consent form when one is required.
- 10. Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion or undue influence.

To contact the Melbourne Biobank for Eye Disease please telephone: (03) 9929 8713 or email eye-biobank@unimelb.edu.au

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact Human Research Ethics Committee Secretary on (03) 9929 8525.