



DONOR CONSENT FORM
Royal Women's Hospital
Tissue Bank

Pre-Op Consent Post-Op Consent

1901

Surname:	UR No:
Given Name:	
Date of Birth	Sex:
Address:	Telephone No:

Affix Label Here

NOTE: All parties signing the Consent Form must date their own signature

Donor Consent

- I have read, or have had read to me in a language I understand, the Participant Information Sheet and Consent Form.
- I have had an opportunity to ask questions and am satisfied with the answers I received.
- I freely agree to donate my tissue and biofluids as a "gift", to the Royal Women's Hospital Tissue Bank according to the conditions in the Patient Information Sheet.
- I have been given a copy of the Patient Information Sheet and I will be given a copy of the signed Consent Form to keep.
- I understand that researchers from other institutions may access my tissue and biofluids that research may take many years and any information gained will not benefit me or my family personally or financially.

Donor's Name (print):	Signature:	Date:
Witness Name (print):	Signature:	Date:

Please read carefully and tick either YES or NO

- I give permission to have 25–50ml of my blood collected. YES NO
- I give permission for cells obtained from my blood, tissue or biofluids to be used to establish cell lines. (A cell line is comprised of cells that have been allowed to grow indefinitely.) YES NO
- I give permission for you to use my samples to conduct studies that identify genes or diseases that run in families, for example, diseases that can be passed on (through DNA) to blood relatives. YES NO
- I give permission for health information to be collected from my doctor, medical records or through ethically approved health databases or cancer registries. YES NO
- I give permission for my tissues and biofluids to be used in projects that involve animal research YES NO
- You may contact me in the future to take part in other research projects or surveys. YES NO

Optional Contact

If I cannot be contacted, I wish to nominate a next of kin to be notified of any research results that may be of medical importance to my family.

Name of next of kin (print):	Relationship to you:	
Mailing address:	Postcode:	
Phone:	Your Signature:	Date:

Declaration by person providing information

I have given a verbal explanation of the aims of the Tissue Bank, its possible procedures and risks and I believe that the donor has understood that explanation.

Name & Title (print):	Signature:	Date:
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If an Interpreter was used, please fill in the following

I have interpreted the Patient Information Sheet and Consent Form to the above in a language he/she may understand.

Language:	Relationship to patient:	
Interpreter's Name (print):	Signature:	Date:

Form: Version 3 Authorised By: RWH HREC Protocol Number: #16/43 Principal Investigator: Professor Peter Rogers