The Royal Melbourne Hospital

Consent Form - *Adult providing own consent*

Title	Establishment of a tissue bank – 2020 Revision
Short Title	RMH Neurosurgery Brain and Spine Tissue Bank
Protocol Number	HREC 2020.214
Coordinating Principal Investigator/ Principal Investigator	Dr Stanley Stylli
Associate Investigator(s)	Professor Kate Drummond, Mr James Dimou
Location	The Royal Melbourne Hospital, Melbourne Private Hospital

Consent Agreement

- I have read the Participant Information Sheet, or someone has read it to me in a language that I understand.
- I understand the purposes, procedures and risks of the research described in the project.
- I have had an opportunity to ask questions and I am satisfied with the answers I have received.
- I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my future health care.
- I understand that I will be given a signed copy of this document to keep.

Please read carefully and tick either YES or NO	YES	NO
• I give permission for tissue and CSF to be collected and stored and used for ethics-approved research.	☐	☐
• I give permission to have up to 50ml of my blood collected and stored and used for ethics-approved research .	☐	☐
• I give permission for an additional up to 50ml of blood to be collected at follow up visits and stored and used for ethics-approved research .	☐	☐
• I give permission for cells obtained from my blood or tissue to be used to establish cell lines (a cell line is comprised of cells that have been allowed to grow indefinitely) and for these cell lines to be used for ethics-approved research.	☐	☐
• You may use my archived tissue paraffin (wax) blocks (from the Anatomical Pathology Department) for research.	☐	☐
• I give permission for the collection and use of my health information from my doctor, medical records or through ethically approved health databases or cancer registries.	☐	☐
• You may 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	☐	☐
• I wish to be informed of any inadvertent finding as a result of potential future genetic testing.	☐	☐

Declaration by Participant – for participants who have read the information

Name of Participants (please print)_____

Signature _____ Date _____

Declaration - for participants unable to read the information and consent form:
Witness to the informed consent process*

Name (please print)_____

Signature _____ Date _____

*Witness is not to be the Investigator, a member of the study team or their delegate. Witness must be 18 years or older

Declaration by the Doctor† I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Doctor (please print)_____

Signature _____ Date _____

† A Doctor must provide the explanation of, and information concerning, the research project.