

# Biobank Consent Form

<b>Name of Biobank:</b>	St James's Hospital Histopathology Biobank
<b>Contact information:</b>	Biobank Tel: 01 410 3336 Email: <a href="mailto:biobank@stjames.ie">biobank@stjames.ie</a>
<b>Webpage:</b>	<a href="http://www.stjames.ie/cancer/research/biobanknetwork/histopathologybiobank">www.stjames.ie/cancer/research/biobanknetwork/histopathologybiobank</a>

**ATTACH PATIENT ID LABEL**

If you wish to participate in this biobank, all boxes in Part 1 must be ticked (✓):

Part 1: General	Tick ✓
1. I have read, or had explained to me, and understood the information leaflet. I have received a copy and have been able to ask questions. I understand that I can change my mind and withdraw from the biobank at any time. I understand this will not affect my medical care.	
2. I give permission to the biobank and cancer researchers working directly with the clinical team at St James's Hospital to access my healthcare data in my hospital chart, hospital electronic patient records and other hospital databases for the purpose of cancer research.	
3. I give the biobank permission to collect and store my samples until researchers need them and my healthcare data indefinitely for the purpose of cancer research.	
4. I give the biobank permission to include my samples and healthcare data in cancer research studies. I understand research may include cancer genetic research, how cancer changes over time, cancer growth, prevention, early detection, diagnosis, new tests and treatments and the causes of cancer in families.	
5. I understand that my non-identifiable samples and data may be shared with cancer researchers who work in other hospitals, universities, colleges or research institutes, around the world for the purpose of cancer research.	

Please tick (✓) if you agree to any or all of the following:

Part 2: Historical samples, NCRI and health-related companies	Tick ✓	Yes or No
I give permission to include my historical diagnostic samples and healthcare data from other procedures (such as an operation or biopsy) in the biobank.	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
I give the biobank permission to share identifiable data with the National Cancer Registry of Ireland (NCRI). I understand that the NCRI collects data on cancer. I give the NCRI permission to share my data with researchers on the condition that I am not identified.	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
I give the biobank permission to share my non-identifiable data and samples with health-related companies around the world only for the purpose of cancer research. I understand these companies may make new diagnostic tests, treatments, medicines or medical devices for profit.	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

<b>Patient name (PRINT):</b>	<b>Date:</b>
<b>Patient signature:</b>	

<b>Nurse/Doctor taking consent (PRINT):</b>	<b>Date:</b>
<b>Nurse/Doctor signature:</b>	

FOR COMPLETION BY HEALTHCARE PROFESSIONAL TAKING CONSENT: Please specify tissue sample type			
BREAST		COLON	