

NOMINATED CONSULTEE ADVICE Declaration Form

Barts BioResource Health Data and Sample(s) Donation

(such as blood/saliva/swabs/urine/faeces and/or soft/solid tissue samples)

REC reference: 14 / EE / 0007

ReDA reference: 009265 BLT

Tissue Bank reference: 12199

Protocol Version:10.0

Date: 8th April 2020

NOMINATED CONSULTEE Declaration Form

Donation of Health Data and Sample(s) to the Barts BioResource.

I have been approached to act as a Nominated Consultee by:

Prof/Dr/Mr/Mrs/Ms _____

CONSULTEES should complete the whole of this form themselves.

Please initial each box as appropriate	YES	NO
I confirm that I have read and understand Barts BioResource Patient Information Sheet (Barts BioResource Health Data and Sample(s) donation (such as blood/saliva/swabs/urine/faeces and/or tissue sample), v10.0; Dated 8 th April 2020 for the above study.		
I [name of consultee] have been consulted about [name of participant]'s participation in this research project. I have had the opportunity to ask questions about the study and understand what is involved.		
I understand that this patient was admitted during an emergency and as a nominated consultee i.e. a medical professional who is independent of the study, I have been asked for my "Advise" regarding the patients participation.		
I hereby "Advise" that I believe it legally and medically appropriate that the patient join the Barts BioResource as a patient		

Please initial each box as appropriate	YES	NO
I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected.		
I understand that relevant sections of his/her care record and data collected during the study may be looked at by responsible individuals from Barts Health NHS Trust or from regulatory authorities, where it is relevant to their taking part in this research.		
I agree to their GP or other care professional being informed of their participation in the study		

I confirm I have read and understood this form and the attached information sheet entitled Barts BioResource Patient Information Sheet (Health Data and Sample(s) donation (such as Blood/saliva/swabs, urine, faeces and/or tissue sample), v10.0; Dated 8th April 2020. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

Nominated Consultee's Signature

Printed name

Date (DD/MM/YYYY)

Email: _____ @ nhs.net

Person Obtaining Consultation

Time (24-Hour – MM/HH)

Signature

Printed name

Date (DD/MM/YYYY)

Study Role: _____