INSERT
MRN and NHS Number

Barts Health NHS Trust

Patient Consent 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

REC reference: 21 / EE / 0284

Patient Consent Form

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

The study has been explained to me by:

Prof/Dr/Mr/Mrs/Ms_____

Participants should complete the whole of this form themselves.

Please initial each box as appropriate	**YES**	**NO**
I confirm that I have read and understand the **Barts BioResource** Patient Information Sheet (Barts BioResource Health Data and Sample(s) donation (such as blood/saliva/swabs/urine/faeces and/or tissue sample), v11.0; Dated 1st January 2022 for the above study. I understand that my medical information will be treated confidentially. I agree to my healthcare related data (appropriately de-identified) being included on publicly accessible Web sites to facilitate research, teaching and education of healthcare and disease. I understand that relevant sections of my health data collected during the study may be looked at by individuals from regulatory authorities, academic research partners, the NHS and associated delivery organisations, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. I understand that I can ask for more information at any time using the contact details on the Information Sheet. I understand that information held by the NHS (e.g. hospitals, NHS Digital, Healthcare Quality Improvement Partnership (HQIP)), my General Practitioner (GP) and records maintained by the Office for National Statistics (ONS) may be used to follow up my health status, I give permission for this information to be obtained by the research team if necessary.		
I agree to be contacted in the future for further information on clinical studies and trials for healthcare research.		

Please initial each box as appropriate	YES	NO
If you provide us with an email address below for future correspondence, we are happy to use emails, but in order for us to do so, you must provide your consent, recognising that email is not a secure form of communication (details in patient information sheet).		
I give permission for biological sample(s) including tissue to be taken and supplied to the **Barts BioResource** for storage on this occasion and if/when I attend future appointments. I agree that these biological samples will be treated as a gift or donation to the Barts BioResource for healthcare research into the identification, treatment and prevention of diseases. I give permission for my DNA (genetic information) to be used for approved research studies and genetic testing. I understand that none of my results will be given to me including my biological sample(s) and tissue results, unless there is a result that has specific implications for my health and wellbeing. I also understand that I may be invited to attend a follow up appointment for advice if the results of these tests are believed to be important for me or my family.		
I give permission for my anonymised biological sample(s) and health information to be passed on to researchers within or outside the UK (to universities, research institutes, associated delivery organisations, including commercial organisations), for the purpose of research.		

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 soft/hard tissue sample(s)), v11.0; Dated 1st January 2022. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

_____	_____	_____
Patient's Signature	Printed name	Date (DD/MM/YYYY)

Best means of future contact:

☐ Telephone: _____

☐ Email: _____ @ _____

☐ Letter: _____

Person Obtaining Consent

_____	_____	_____
Signature	Printed name	Date

Study Role: _____

If the subject was assisted during the Consent process please complete:

The consent form was read to the subject, and the person signing below acted as an interpreter/ translator for subject during the consent process. The person signing below attests that the study was accurately explained and understood by the subject.

Please provide the language used to take consent: _____

Signature of Person Assisting in the Consent Discussion

_____	_____	_____
Signature	Printed name	Date (DD/MM/YYYY)