

# 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: 8<sup>th</sup> April 2020

### CONSULTEE Declaration 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 \_\_\_\_\_

**CONSULTEES should complete the whole of this form themselves.**

Please initial each box as appropriate	YES	NO
I understand that as my relative/friend was admitted during an emergency we sought "Advice" from a nominated consultee i.e. a medical professional who is independent of the study can do so. This medical professional "Advised" that they felt it legally and medically appropriate for your relative/friend to join the Barts BioResource as a patient.		
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 <sup>th</sup> 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.		
In my opinion he/she would have no objection to taking part in the above study.		

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I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected.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 <b>Barts Health NHS Trust</b> 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 8<sup>th</sup> April 2020. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

\_\_\_\_\_  
 Consultee's Signature

\_\_\_\_\_  
 Printed name

\_\_\_\_\_  
 Date (DD/MM/YYYY)

Relationship to patient: \_\_\_\_\_

Best means of contact:

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Letter: \_\_\_\_\_

Person Obtaining Consultation \_\_\_\_\_  
 \_\_\_\_\_  
 Time (24-Hour – MM/HH)

\_\_\_\_\_  
 Signature Printed name Date (DD/MM/YYYY)

Study Role: \_\_\_\_\_

**If the subject was assisted during the Consultation 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 Consultee Discussion

\_\_\_\_\_  
 Signature Printed name Date (DD/MM/YYYY)

### Summary Actions:

Please initial as appropriate	YES
Maintain Patient within the Barts BioResource	
Withdraw Patient from the Barts BioResource Remove all Patient Data from the BioResource Confirm destruction of all biological samples within the BioResource According to Standard Operating Procedures	

### Person Confirming Summary Actions

\_\_\_\_\_  
 Signature Printed name Date (DD/MM/YYYY)