CellBank Consent form

Child's initials:	
Date of birth:	
Hospital no:	
NHS no (if known):	
Clinical centre:	

Thank you for reading the information about donating your/ your child's bone marrow, blood and other samples to the Bloodwise Childhood Leukaemia CellBank (CellBank) for research into leukaemia and other similar disorders. Please note that this is separate from any clinical trials that you/ your child may also be asked to join. If you/ your child would like to take part, please initial the boxes below if you agree. Then sign below and have this witnessed at the same time as you sign it.

1	I have read and understood the information leaflet (Version 2, June 2016) and have been able to ask questions. These questions have been answered clearly and satisfactorily and I understand the risks and benefits of giving my/ my child's samples to CellBank.	☐
2	I give permission for my/ my child's surplus diagnostic bone marrow, blood and other samples to be given to CellBank and for CellBank to store and give them to any researchers whose work has ethical approval and who are doing medical research on the prevention, diagnosis and / or treatment of leukaemia and other similar disorders.	☐
3	I give permission for additional samples of bone marrow, blood and other samples, taken at the same time as the clinical sample, to be given to CellBank to store and give them to any researchers whose work has ethical approval and who are doing medical research on the prevention, diagnosis and/ or treatment of leukaemia and other similar disorders.	☐
4	I understand how the samples will be collected, that giving samples for research is voluntary and that I am free to say no to the use of the samples at any time without giving a reason and without my/ my child's medical treatment or legal rights being affected.	☐
5	I give permission for information about me/ my child in my/ their medical notes to be supplied to and stored by CellBank for research purposes. I understand that CellBank will keep this information confidential at all times and will only give information to researchers in a way that protects my/ my child's identity.	☐
6	I understand that my consent can be withdrawn at any time, providing my/ my child's samples have not already been used in research.	☐
7	I understand that neither I nor my child will personally benefit from my/my child's gift of samples. This includes my/ my child's samples being involved in research resulting in the development of a new treatment or medical test.	☐

Name of parent (CAPITALS)	Signature	Date

Name of child (CAPITALS - if applicable)	Signature (if applicable)	Date

Person taking consent (CAPITALS)	Signature	Date

Thank you for agreeing to make this gift to help research

Bloodwise

Beating blood cancer since 1960