

Unique Patient Identifier (UPI)	
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Hospital Headed Paper

**PATIENT CONSENT FORM**

**QUALity biobank iNvesTigating Urological Malignancies (QUANTUM)  
Biobanking biological samples for research in Urological Malignancies**

**Biobank Committee Clinicians**

Mr Alastair Lamb, Prof. Richard Bryant, Mr Richard Bell, Prof. Clare Verrill, Mr Mark Sullivan, Prof. Andrew Protheroe

**PART A (required)**

*Please initial box if you agree*

- 1. I confirm that I have read and understand the information sheet dated ..... (version .....) for the QUANTUM Biobank and have had the opportunity to ask questions and had these answered satisfactorily
  - 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care being affected.
  - 3. I confirm that I am happy to give a sample of tissue and/or blood and/or urine for research. I consider these sample(s) a gift to University of Oxford and I understand I will not gain any direct personal benefit from this.
  - 4. I understand and agree that my samples may be used in genetic research aimed at understanding the genetic influences on disease and that the results of these investigations are unlikely to have any implications for me personally.
  - 5. I understand and agree that my samples may be used to create cell lines which could be grown in the laboratory long-term and used for research.
  - 6. I agree for my donated sample to be used in research involving animals. (You can still participate in the QUANTUM if you do not agree to this)
- AGREE   
 DISAGREE

- 7. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from University of Oxford or the recruiting NHS Trust, regulatory bodies where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
  
- 8. I agree that biobank staff can collect and store information from my health care records for research that uses my samples. I understand that the biobank will keep my information confidential. Information will only be passed on to researchers in a form that protects my identity.
  
- 9. I understand that the sample and data could be shared with either academic or commercial research teams with QUANTUM Tissue Access Committee approval. Data may include information about my age, gender, clinical diagnosis, blood test results and treatments I have received which are relevant to my condition. Samples and information will only be passed on to researchers in a form that protects my identity.
  
- 10. I understand that the sample could be transferred outside of the United Kingdom to countries with less data protection. The samples will not have any identifiable data on them.
  
- 11. I understand that from time to time, Biobank staff or Researchers may detect from my donated sample unexpected abnormal findings which may have clinical significance for me. I agree for this to be referred to my treating clinician.(You can still participate in the QUANTUM if you do not agree to this)   

AGREE   
DISAGREE
  
- 13. I agree to take part in the QUANTUM Biobank.

Name of patient	Date	Signature
Name of person taking consent/ Researcher	Date	Signature

*1 copy emailed to participant via NHS secure email or printed and handed to participant;  
Original form to be kept by the research team at the Tissue Collection Centre  
Copy of signed form to be inserted into the participant medical notes*

**PART B** (optional)

*Please initial box if you agree*

**Consent for collection of additional samples which is not part of routine clinical care**

I confirm that I have been counselled with regard to the risks involved in having an additional procedure to collect samples.

I confirm that I am happy to give as a gift an additional sample of:

- tissue
- blood
- urine

\_\_\_\_\_  
Name of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent/  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*1 copy emailed to participant via NHS secure email or printed and handed to participant;  
Original form to be kept by the research team at the Tissue Collection Centre  
Copy of signed form to be inserted into the participant medical notes*