

## **Consent Form**

Kev

White (WCB), Blue (Pathology) Yellow (Patient), Pink (Patient Notes)

Wales Cancer Biobank Patient Identification Number:	
To confirm agreement with each of the statements below, please INITIAL in the box.	
I confirm that I have read, understood and have had time to consider the information sheet version number for the Wales Cancer Biobank and have had the opportunity to ask questions	
I understand that my participation is voluntary and will not affect my medical treatment or legal rights in any way	
I confirm agreement to donate tissue, blood and/or other samples to the Wales Cancer Biobank	
I agree that the donated samples may be used for research, including DNA analysis, at any time either now or in the future in accordance with Wales Cancer Biobank ethically reviewed procedures	
I agree that any samples from future procedures may also be used for research under the terms of this consent form	
I understand that sections of my medical notes may be looked at by responsible individuals from the Wales Cancer Biobank where it is relevant to the research. I give permission for these individuals to have access to my records	
I understand and agree that parts of my medical information may be passed to other organisations involved in the research on the understanding that my personal details will remain confidential	
I understand, and agree to, data relating to my donated samples being stored electronically	
I understand that I will not receive results of any research. However, if any research might have an impact on my care, during my treatment, then I understand that the hospital doctors can be informed	
I know that I can withdraw my consent at any time if I change my mind	
If you wish to receive electronic updates, via newsletters, please give an email address	
Name of patient	
Signature	
Name of person taking consent	
Signature	

## www.walescancerbank.com

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## Wales Cancer BioBank Biofanc Canser Cymru



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