

## Participant Consent Form

Please **INITIAL** each box if you agree:

No.	Statement	INITIAL e.g. AB
1	I confirm that I have read and understood the <b>Participant Information Sheet (v4.0)</b> for the Research Tissue Bank. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and without my medical care or legal rights being affected.	
3	I understand that the tissue and blood samples collected from me may be stored for use in future ethically approved research studies, including genetic analysis.  I give consent for the tissue/blood samples I have provided to be stored for use in ethically-approved research studies. I understand that the samples will be tested, and this might include the reading of my entire genetic code.	
4	I understand my samples and de-personalised data (such as age, medical history, test results) may be shared with researchers through a 'managed access' process. I give permission for this data to be used in ethically approved research.	
5	I understand that my samples may be used for research outside of the UK or shared with third parties, and that safeguards will be in place to protect my identity and privacy.	
6	I understand that the Research Tissue Bank operates under the approval of a 'managed access' process governed by a Research Ethics Committee and in accordance with the Human Tissue Act 2004.	
7	I understand that my samples and data will be stored indefinitely, unless I withdraw consent.	
8	I understand that I will not receive individual results from the research carried out on my samples, however, if anything is found in my sample(s) which is clinically actionable (e.g. severe anaemia) this will be fed back to me via my GP/healthcare provider.	
9	I understand that I will not benefit financially from any discoveries or developments made using my samples.	
10	I agree to the collection and storage of my tissue and blood samples for use in the Research Tissue Bank.	
11	I agree to be contacted in the future about further research or follow-up, should this be deemed necessary.	<i>Optional:</i>
12	I am happy to donate surplus sample for use in the Research Tissue Bank	<i>Optional:</i>

Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions please do not hesitate to contact us

**Email:** [info@ovari.me](mailto:info@ovari.me)

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