CONSENT TO DONATE SPECIMENS FOR RESEARCH

You are being asked to donate your specimens for future medical research. Dr. ____ (the “Doctor”) of __________. will explain this process to you and answer your questions. The Doctor’s telephone number is ______________.

What will happen if you donate your Specimens? Any excess tissue or fluid that is removed either prior or during your surgery and not needed to make a diagnosis is usually thrown away. There will be no changes in your treatment if you donate this specimen(s). The Doctor will send these unused Specimen(s) to the (“Researcher”). The Researcher will use the Specimens for testing and for research purposes. In addition, the Researcher may perform testing on the Specimen(s) to detect pathogens including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus-1 (HIV-1), Human Immunodeficiency Virus-2 (HIV-2), and Human T-Cell Lymphotrophic Virus I/II (HTLV I/II). This will be performed at no cost to you as a precaution for occupational exposure of laboratory research personnel. The results of these tests may be communicated to the Doctor. Your identity will not be made known to the Researcher without written permission. There is no limit to the number of people who can donate their Specimen(s).

What are the benefits and risks of donating Specimen(s)? There is no direct benefit to you from the research use of your Specimen(s). It is hoped the knowledge gained will be of benefit to others in the future. There will be no risks to your health because your excess Specimen(s) would already have been taken as part of your surgery.

What other choices do you have? If you choose not to donate your Specimen(s) for future research, your usual medical care will not be changed. Your leftover Specimen(s) removed before or during the surgery will be thrown away, unless otherwise specified by your doctor.

Identifying information Your personal information related to the Specimen(s) will be kept confidential. When the Doctor sends the Specimen(s) to the Researcher, they will be labeled only with a sample identification number, and any other clinical information that is important to the Researcher. No identifying information about you will be transferred to the Researcher.

Control and ownership of the Specimen(s) Once you have donated your Specimen(s), you will have given up your ownership rights. Your Specimen(s) will be used for research purposes only and not resold for commercial gain by the Researcher.

What financial issues should you consider before donating? You will not be charged for donating your Specimen(s). You will not be paid for donating your Specimen(s). The Doctor may receive payment from the Researcher in order to cover the costs of collecting and shipping the Specimen(s).
Length of storage  The Specimen(s) will be stored for an indefinite period of time. The Specimen(s) will be destroyed when the research is completed or the Specimen(s) are no longer usable.

Consent

I hereby authorize the use of the Specimen(s) that will be removed prior to, or as part of my procedure, and normally disposed of, to be used for laboratory research purposes. This research will involve the study of the cells that are present in the Specimen(s) and will be conducted as part of a research project by the Researcher. I agree that testing may be performed on the Specimen(s) for the purpose of detecting pathogens including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus-1 (HIV-1), Human Immunodeficiency Virus-2 (HIV-2), and Human T-Cell Lymphotrophic Virus I/II (HTLV I/II) done at no cost to me as a precaution for occupational exposure of laboratory research personnel. My identity as the donor of the Specimen(s) will not be made known to the Researcher without my written permission.

Your signature below indicates that you agree to donate your Specimen(s) (seroma fluid, blood, or tissue) to be used for testing and future research. You understand that the Specimen(s) may be saved for an indefinite length of time.

I have read the above consent and agree to allow the Specimen(s) that will be taken as part of the procedure explained to me by the Doctor to be used for research purposes.

Patient name (Block letters)

____________________________
Patient Signature

Witness name (Block letters)

____________________________
Witness Signature

Date : ___________________________