

Participant Consent Form for Use of Limited Tissue Sample

Study Title (full name of study title)

Short Title

Program Sponsor (Name/Organisation)

Principal Investigator (Name)

Declaration by participant:

I have read the Participant Information, or someone has read it to me in a language that I understand.

I understand that I am allowing the study team to:

- Obtain pre-existing tissue samples held within a NSW Health Pathology Laboratory.
- Use the tissue sample for secondary purposes other than the primary purpose for which it was collected, including for a clinical trial or other ethically approved research study as specified above.
- Acknowledge that if there is a limited amount of tissue sample available in a NSW Health Pathology Laboratory, release of this tissue for the research study could mean that there will not be enough tissue left to support current or future testing, which could adversely impact my clinical care and treatment.

Name of Participant

(please print)

Signature of Participant*

Date

*Or senior available next of kin

Declaration by Study Doctor/Senior Researcher/Delegate

I have given a verbal explanation of the program, its procedures and risks and I believe that the participant has understood that explanation.

Name of Study Doctor/Senior
Researcher † (please print)

Signature

Date

† A senior member of the study team or delegate must provide the explanation of and information concerning the research program.

Note: All parties signing the consent section must date their own signature.