

Consent to Donate Tissue, Blood and Body Fluids for Research

You are being asked to donate unused tissue and/or abdominal fluid to the PMH/UHN Biobank to store and use for research purposes. You are also being asked to donate unused and/or additional blood and/or saliva for research. For your convenience, additional samples will usually be taken during your clinic visits for your medical care.

You are also being asked to give permission to collect relevant clinical information from you or from your medical records for research purposes.

Your samples and clinical information will be made anonymous, and any data gained or generated from your samples will not be placed in your health record. However, these anonymous data may be given to non-UHN researchers. While every effort will be made to keep information confidential, there is a remote risk of being identified from data available in non-UHN databases.

There is a possibility that your samples and data may be used for genetic research (research about diseases that are passed on in families) including whole genome sequencing, but these results will not be put in your health records. Your samples may also be put into mice as part of the research.

You will be given information on research projects that are planned or currently underway in which your samples and data could be used. Your samples and data could be used in the future in currently unknown research projects.

If you agree, the Biobank staff may contact you in the future with questions/comments related to your participation in the PMH/UHN Biobank.

The decision to donate samples and provide information for research is up to you (voluntary). You can refuse to provide a sample to the PMH/UHN Biobank and this will not affect your care in any way. You can agree to provide samples and change your mind later. If you change your mind, please contact the Biobank staff and your samples and information will be destroyed or removed. However, samples and data that are already under analysis will not be destroyed, but links between these data and samples and your identity will be destroyed.

Research carried out on your samples may lead to the development of new treatments, devices or drugs but you will not personally benefit, financially or otherwise, from these developments.

Contact information for Biobank:
Dr. Patricia Shaw
Director, PMH/UHN Biobank
416-340-4690

I agree that the Biobank may contact me in the future with questions/
comments related to my participation in the PMH/UHN Biobank.

☐ Yes ☐ No

Name of Patient

Date

Signature

To Be Completed by Person Obtaining Patient Consent

I confirm that the patient has been provided with the PMH/UHN Biobank information brochure, and has been provided the opportunity to ask questions, which I have answered.

Date

Person Obtaining Consent