



University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

Consent for Use of Tissue, Blood and Body Fluids for Future Research

Addressograph

The University Health Network is an academic institution that conducts medical research on tissues, blood and body fluids in order to learn more about what causes diseases, how to prevent them, how to treat them and how to cure them. We are seeking your permission to store a sample of any excess tissue, blood or body fluids removed during the course of the proposed procedure, for future research purposes. No extra tissue will be taken for this purpose. The research on your sample is not designed to produce information that would be medically useful to you as an individual. Any future research that may be carried out on your tissue, blood or body fluids will be both scientifically and ethically reviewed and approved by the University Health Network's Research Ethics Board.

I understand that my sample will be stored indefinitely and that my sample will be made anonymous in that my identity will not be stored with the sample. Only coded identifiers will be kept with the sample and the link between that coded identifier and my identity will be kept in a separate secure and confidential facility. None of the research results will be placed in my health record unless I give explicit permission in the future for the results to be placed on my record.

I understand that research carried out on my sample by researchers at the University Health Network, or their collaborators, may lead to the development of marketable treatments, devices, new drugs or patentable procedures. However, I understand that I will not benefit directly from any such commercial developments and that any benefit from commercial products will remain with the University Health Network and their research partners.

I understand that there is a possibility that my sample may be used for genetic research (research about diseases that are passed on in families), but these results will not be put in my health records.

I understand that I am voluntarily providing a sample of my tissue, blood or body fluids for research purposes. I understand that if I decide not to provide a sample, this decision will not affect my medical care in any way. I further understand that I may withdraw my consent to have my sample used for research purposes at any time in the future by contacting the Research Ethics Board at the University Health Network.

I have received and had the opportunity to review the brochure Medical Research at UHN, Form 3281 and have had any questions answered to my satisfaction.

1. I agree that excess tissue, blood or other body fluids that is removed may be kept and used for future research.

Date	Name of Patient	Signature of Patient/Substitute Decision Maker
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2. In the event that researchers may wish other information about me for future research, I give my permission for researchers from this institution to contact me in the future to invite me to participate in other research. Yes No.

OR _____

I do not agree to the use of excess tissue, blood or other body fluids for future research.

Date	Name of Patient	Signature of Patient/Substitute Decision Maker
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***Note to HP: Please sign on reverse page**

See Over →

Patient's Name: _____ Date: _____ MRN: _____

TO BE COMPLETED BY HEALTH PRACTITIONER

I confirm that the patient has been provided with the brochure Medical Research at UHN, Form 3281 and has been provided the opportunity to ask questions, which have been answered.

Date

Health Practitioner