

Donor ID			
Donation type	[PBSC/DLC /Bone marrow]	DIS versions:	CT&LS DIS ver:

CONSENT FORM FOR THE COLLECTION OF CELLS FOR THE ANTHONY NOLAN RESEARCH TISSUE BANK

DECLARATION

- I have received a copy of the Donor Information Sheet (DOC4971) and been provided the link to the relevant website for my procedure (www.anthonynolan.org/donation-journey/donating-pbsc / www.anthonynolan.org/donation-journey/your-lymphocyte-donation-apheresis / www.anthonynolan.org/donation-journey/donating-bone-marrow) and have read, understood, and agree to the procedures described in its content.
- I understand that, as part of the medical assessment and preparation for donation, I will have blood samples taken, tested, and stored. Any findings relevant to my health will be discussed with me.
- I understand that my donated material will be stored by the Anthony Nolan Research Tissue Bank and may be released in an anonymised form to organisations and/or researchers outside of Anthony Nolan, within the United Kingdom or to any country in the world.
- I have had the opportunity to ask questions and any I had have been answered to my satisfaction. I know how to contact my Anthony Nolan coordinator should any others arise.
- I understand that my participation is voluntary and that I am free to withdraw without giving any reason and without my legal rights being affected. I understand that once my cells have been used in research, they will not be able to be withdrawn from the study.
- I understand that relevant sections of my medical notes and data collected as part of my involvement with the Anthony Nolan Research Tissue Bank may be looked at by individuals from/or on behalf of Anthony Nolan and regulatory authorities, and, in an anonymised form, may be looked at by external researchers. I give permission for these individuals to have access to my records.
- I understand that the results of any future research may be used in publications or presentations where all donor data will be anonymised.
- I understand that I will not benefit financially if this research leads to the development of a new treatment or medical test or, in the future leads to commercialisation of these.

CONSENT – By volunteering to take part in the Cell Therapy & Laboratory Services donation programme I am agreeing to:

Initial and date each the box of either YES or NO according to your preferences		YES,	NO,
		I consent	I do not consent
1	I have read, understood and agree to the statements in the declaration, including undertaking the procedures described, donating my cells to the Anthony Nolan Research Tissue Bank and allowing blood samples taken from me to be tested and stored.		
2	I consent to my non-identifiable data being used in research projects provided the same level of protection as under the Anthony Nolan Privacy Policy for my privacy is applied.		
3	I understand and consent that my donation of cells may be used in experiments using animal models.		
4	I understand and consent that my donation of cells may be used in experiments involving genetic testing and manipulation.		
5	I understand that in rare cases any genetic testing or screening may result in findings which may be relevant to my health and wellbeing, and I consent to be contacted by Anthony Nolan to discuss these		
6	I understand and consent that my donation of cells may be used in research to develop commercial medicinal products and/or technologies.		
7	I understand and consent that my donation of cells may be used in non-commercial research.		
8	I understand and consent that my donation of cells may be provided to organisations outside of the UK.		

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SIGNATURE OF DONOR

I have received and understood enough information to give informed consent and willingly agree to donate my cells. All information provided by me is accurate to the best of my knowledge

Name Signature

Date Time

SIGNATURE OF PERSON OBTAINING CONSENT

I have explained the study and donation procedures to the donor and have answered all relevant questions. I believe that the donor understands the information described and freely gives consent

Name Signature

Date Time