

**Collection and storage of ocular biosamples and data for research**

Hospital Unit Number:

Unique OOB Number for this study:

**Please read each statement below and initial the boxes where you are in agreement.  
Please also sign and date this form**

1. I have read the patient information booklet (Version 6, 16/07/2018) on the above research project and have been given a copy to keep. I confirm that I have had the opportunity to ask questions about the study and that I understand what will happen if I decide to take part.
2. I understand that my participation is voluntary and that I am free to withdraw my approval at any time without giving a reason, and without my care or legal rights being affected.
3. I agree to give my biosamples for use in research and I understand how they will be collected and how they may be used in research projects.
4. I agree that additional blood samples may be collected at regular intervals during my care.
5. I agree that designated biobank staff can collect and store clinical information relevant to the conduct of the research study from my health records on an ongoing basis. I understand that this information about me will be treated confidentially and stored securely.
6. I understand that any biosamples and information given to researchers will be anonymised and that my identity will be protected.
7. I agree that genetic material obtained from my biosamples can be used in research and I understand that the results of these investigations are unlikely to have any implications for me personally.
8. I agree that my biosamples can be used for research purposes in non-human models.
9. I agree that my anonymised biosamples and data can be used in approved research projects conducted by commercial or academic institutions outside the University of Liverpool.
10. I understand that I will not benefit financially if research using my biosamples leads to new treatments or medical tests.

**Patient Statement:** I agree to take part in the Ocular Oncology Biobank.

Print Name.....Signature.....Date.....

**Clinical Practitioner Statement:** I have discussed the Ocular Oncology Biobank with the patient and answered any questions that they had.

Print Name.....Signature.....Date.....

**Interpreter Statement (if applicable):** I have interpreted the above information for the patient to the best of my ability in a way that I believe the patient has understood.

Print Name.....Signature.....Date.....

**VERSION 5: 16/07/2018**

**White copy to OOB, Pink copy in patient's health record, Blue copy to patient**

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