

## Ocular Oncology Biobank – Consent Form

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

Hospital Number:

OOB Number for this study:

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

- |  |                          |
|--|--------------------------|
| 1. I have read the patient information booklet (Version 7, 26/05/2021) 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. | <input type="checkbox"/> |
| 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.   | <input type="checkbox"/> |
| 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.  | <input type="checkbox"/> |
| 4. I agree that additional blood samples may be collected at regular intervals during my care.   | <input type="checkbox"/> |
| 5. I agree that designated biobank staff can collect and store clinical information relevant to 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.                       | <input type="checkbox"/> |
| 6. I understand that it may be necessary as part of regulatory processes for my personal data to be viewed by regulatory authorities/other third-party individuals   | <input type="checkbox"/> |
| 7. I understand that any biosamples and information given to researchers will be anonymised and that my identity will be protected.  | <input type="checkbox"/> |
| 8. 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.  | <input type="checkbox"/> |
| 9. I agree that my biosamples can be used for research purposes in non-human models sometimes including research involving animals.  | <input type="checkbox"/> |
| 10. I agree that my anonymised biosamples and data can be used in approved research projects conducted by Commercial Companies outside the University of Liverpool.  | <input type="checkbox"/> |
| 11. I agree that my anonymised biosamples and data can be used in approved research projects conducted by Academic Institutions outside the University of Liverpool.   | <input type="checkbox"/> |
| 12. I understand that I will not benefit financially if research using my biosamples leads to new treatments or medical tests.   | <input type="checkbox"/> |

<b>Patient Statement:</b> I agree to take part in the Ocular Oncology Biobank.		
Print Name.....	Signature.....	Date.....
<b>Clinical Practitioner Statement:</b> I have discussed the Ocular Oncology Biobank with the patient and answered any questions that they had.		
Print Name.....	Signature.....	Date.....
<b>Interpreter Statement (if applicable):</b> 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.....