

CONSENT TO DONATION OF RESIDUAL TISSUE FOR MEDICAL RESEARCH AND TRAINING

Patient ID Label

DATE

Proposed Procedure
(Block Capitals)

I agree to give any residual (left-over) tissue removed during my operation or treatment to the South Glasgow University Hospitals Division for medical research and teaching purposes. I agree that the tissue may be provided to a research institution or pharmaceutical company for regulated medical research. This work could help researchers understand disease, develop new diagnostic tests and produce better and safer drugs.

I understand that:

- You may remove tissue as part of my treatment. You will examine this, and use any residual material for medical research and teaching purposes. My doctor will not take more tissue than is needed for my care.
- You will make sure that all my donated tissue is anonymised (in other words I cannot be identified by the researcher).
- You may give some information from my medical records (that will not identify me) to the researcher.
- You will not sell my tissue but costs will be recovered on a non-profit making basis.
- I will not benefit financially or be entitled to a share of any profit that might arise from the research.
- It may be appropriate for genetic tests to be carried out in order to determine whether genetic makeup has any connection with disease.
- I will not receive results of any research carried out on my tissue.

Staff gave me a patient information leaflet on the use of residual tissue. I have had the opportunity to discuss the information with a qualified member of staff.

Patient's Name (Block Capitals)

Date

Clinical Practitioner

Patient's Signature

Grade/Designation

Copies to: Patient's Notes, Patient, Individual Taking Consent