



TR-ANZGOG Biobanking Adult Consent Form

CLINICAL TRIAL SITE:

Family Name	Given Name/s
MRN	Principle Investigator
D.O.B.	Location/Ward
Address	
Complete all details or affix a label above	

I have been given a Participant Information Sheet. I understand and agree to the following:

- I have read and understood the Participant Information Sheet.
- My sample and health and personal information (data) will be used in research studies.
- It is my choice to donate to the TR-ANZGOG biobank or not.
- My decision will not affect my current healthcare or medical treatment.
- I can choose to stop taking part at any time.
- I have been able to ask questions and they have been answered.
- My sample will be linked with my health and personal information (data).
- My sample and records will not include my name and contact details when sent to researchers.
- My sample will be stored safely in the TR-ANZGOG Network of Laboratories and Biobanks.
- My health and personal information (data) will be stored securely.
- My sample and health and personal information (data) might be used for a range of different health or medical research studies, now and in the future.
- My sample and health and personal information (data) can only be used in studies that have been approved by a registered Human Research Ethics Committee.
- My sample and health and personal information (data) can be used by ethically approved research studies in Australia and around the world.

- During research, discoveries could be made that have serious and important health consequences for me or my family.
- I won't be told what research studies my sample is used for.
- I won't be paid for my donation.
- My sample could be held forever.
- My privacy will be secure and protected.



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Consent to donate samples and health information for health and medical research.

I consent to donate any sample remaining following completion of the ANZGOG clinical trial to the TR-ANZGOG Biobank.

I consent to have my sample linked to health and personal information (data) held by trial investigators, local and Commonwealth governments and by researchers.

I consent to have my sample and health and personal information (data) stored securely and used for ethically approved health and medical research now and into the future.

I consent to be contacted by:

- a doctor or healthcare professional if a finding with serious consequence for me or my family is discovered. If you are not contacted it doesn't mean you don't have any health issues. It is important to continue regular check-ups.

In respect to donating an additional sample for TR-ANZGOG Biobanking, where indicated in the ANZGOG Trial Participant Information Sheet

I give consent for the site coordinator to collect the additional sample as detailed in the ANZGOG Trial Participant Information Sheet

Yes No

In respect to receiving information in relation to my genetic materials:

If research with my DNA and/or tissue reveals some other medical condition relating to me or my family for which treatment is available or pending:

a. I wish for affected family members to be informed and I give my consent for the researcher to approach my relatives on my behalf

Yes No

b. I confirm that I have/will inform my next of kin that I have nominated them if findings are made that have significant implications for me or my family

Yes No



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Name of next of kin (print): _____

Relationship to participant: _____

Address: _____

Phone Number: _____

Declaration

Participant Name	Signature	Date
Phone	Email	
Please Tick Appropriate Box:	<input type="checkbox"/> Senior Next of Kin	<input type="checkbox"/> Person Responsible
If Applicable: Name	Signature	Date
If Applicable: Interpreter Name	Signature	Date
Employee Id/Provider Number		

Person authorised to obtain consent:

Name	Signature	Date
Designation	Trial Site	