|  |  |
| --- | --- |
| Name of researcher:  |  |
| Title of project: |  |
| Study number: |  |
| Participant identification number/project code:  |  |

I confirm that:

I have read, and understand, the information sheet dated……………… (version……….) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I agree that the following tissue or other material may be taken and used for the study:

**Please tick one of the boxes below and initial the end of the relevant statement.**

I also agree that:

* Northumbria University may store this tissue or other material in a Licensed Tissue Bank only for the duration of this study
* Northumbria University may continue to store this tissue for use, at its discretion, in properly approved local research or teaching programmes

**Please tick and initial the relevant boxes below**

Northumbria University may distribute this tissue to partners in this study, outside the University, for further testing

* Yes
* No

Information about my tissue may be kept on the Tissue Bank database

* Yes
* No

Such information may be passed in an anonymous form to persons outside Northumbria University in connection with this study and may be published with any research findings

* Yes
* No

I accept that I have given my consent voluntarily to the storage of this additional tissue and that I am free to withdraw my consent at any time.

I agree to take part in the above study:

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Name of participant Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person taking consent Date Signature