

 DIAGNOSTIC SERVICES OF MANITOBA SERVICES DE DIAGNOSTIC DU MANITOBA	<i>Patient Information &amp; Consent for Use of Tissues</i>		<b>Document # F170-120-01B</b>
	<b>Approved by:</b> SMT and REB <i>Signature on file</i>	<b>Effective Date:</b> 14-APR-2011	<b>Version # 03</b> (10-MAR-2011)

**Patient Information and Consent for Use of Tissues**

**Name of Participant:** \_\_\_\_\_

You have agreed to take part in a research study titled:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and have signed a Research Participant Information and Consent Form.

As you are aware, this study requests that tissue previously taken from you, be sent to a central lab for testing and analysis.

By signing this consent form, you agree that the tissue requested for research purposes will be removed from your file in the local pathology lab and will be shipped to the central lab for testing and analysis.

However, there is a very small chance that the tissue required for this clinical trial may get lost in transport between the sender and the receiving central lab analyzing your tissue. Should this happen, it may affect your ability to enter the above mentioned clinical trial.

Your signature on this consent also means that you understand that participating in this study will decrease the amount of your tissue left in the local pathology lab for possible future review or testing.

**SIGNATURES**

My participant signature on this consent form means the following:

- The risks associated with the tissue requested for this study have been fully explained to me and all of my questions have been answered.
- I understand the requirements and the risks involved with participating in this study.
- I agree to take part in this study and consent **only** to the release of tissue that is considered **non-essential** by the pathologist and poses no future risk to me.

\_\_\_\_\_  
 Signature of Participant  
 or Legally Acceptable Representative  
 Specify Relationship \_\_\_\_\_

\_\_\_\_\_  
 Date (dd/ mm/ yyyy)

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 AM/PM  
 Time Consent Signed

Participant Initials: \_\_\_\_\_

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**INVESTIGATOR RESPONSIBLE FOR CONSENT PROCESS:**

I, the undersigned, confirm that informed consent has been appropriately obtained.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date (dd/ mm/ yyyy)

\_\_\_\_\_  
Printed Name of Investigator

\_\_\_\_\_  
AM/PM  
Time Consent Signed

**STUDY STAFF OBTAINING CONSENT:**

I, the undersigned, have fully explained the relevant details of this research study to the participant or the participant's legally acceptable representative and believe that they have understood and have knowingly given their consent to participate.

\_\_\_\_\_  
Signature of Study Staff Conducting the  
Consent Discussion

\_\_\_\_\_  
Date (dd/ mm/ yyyy)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Role in the Study

**Was the participant assisted during the consent process in one of the ways listed below?**

- Yes       No

If **yes**, please check the relevant box and complete the signature space below:

- The consent form was read to the participant by an impartial witness. The person signing below attests that they were present during the informed consent discussion and that the study was accurately explained to, and apparently understood by, the participant. Consent to participate in this study was freely given.
- The person signing below acted as a translator for the participant during the consent process. Please indicate language: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Person Assisting  
in the Consent Discussion

\_\_\_\_\_  
Date (dd/ mm/ yyyy)

\_\_\_\_\_  
Printed Name of Person Assisting  
in the Consent Discussion

**Please Note:** More information regarding the assistance provided during the consent process should be noted in the medical record for the participant if applicable.

Participant Initials: \_\_\_\_\_