



SINGHEALTH TISSUE REPOSITORY
DONATION OF HUMAN BIOLOGICAL MATERIAL FOR FUTURE RESEARCH
ASSENT FORM (FOR MINOR 6 YEARS OF AGE AND ABOVE)

You are being asked to donate human tissue for future research studies. This sheet of paper tells you about your donation. You can ask questions at any time.

What is this donation about?

Your doctor will remove some tissue samples from you during the clinical procedure to treat your illness. After removal, your tissue will be sent for testing. Upon completion of testing, leftover tissue is usually thrown away. Instead of throwing this leftover tissue away, you may choose to donate it for future research.

Why should I donate and what will happen to my donated samples?

If you agree to donate your samples, we will keep them in our tissue bank for future research. Research is a way to understand and find better treatments for diseases.

Will I feel any pain or discomfort if I take part?

There will be no pain for donation of leftover tissue samples.

Could this donation help me get better?

The donation may not directly help you get better. It may however help other children with similar illnesses in future.

Do I have to donate my tissue?

You can choose if you want to donate or not. If you say 'Yes' now, you can always say 'No' later including when you turn 21 years of age. If you say 'No', nothing will change and your doctor will still take good care of you.

Do my parents know about this donation?

Yes, your parents know about this donation too. You can talk to your parents about this donation before you tell us 'Yes' or 'No'.

What if I have more questions?

You can ask any questions you have, now or later. If you think of a question later, you can ask your parents or ask them to call us.

Other information about this donation?

If you want to know more about this donation, please ask your doctor. A copy of the signed consent form and information sheet will be given to your parents.

ASSENT	
This donation procedure has been explained to me and I agree to donate leftover material from the clinical procedure.	
_____	_____
Name of Patient/ Participant for Assent	Date
Check which applies (to be completed by person conducting assent discussion):	
<input type="checkbox"/> The patient / participant is able to read and understand the assent form.	
<input type="checkbox"/> The patient / participant is not able to read the assent form, however, the information was explained verbally to the best of the patient's/ participant's abilities to understand.	
_____	_____
Name and Signature of Person Conducting Assent Discussion	Date