

**LEFTOVER AND/OR EXTRA MATERIAL DONATION CONSENT FORM<sup>1</sup>**

This donation form is to be read in conjunction with the "SingHealth Donation of Human Biological Materials for Future Research Information Sheet, SHS-RSH-STR-REC-4062"

I, \_\_\_\_\_ (NRIC No. \_\_\_\_\_) voluntarily donate the Human Biological Materials, which will be collected on the day(s) of the scheduled procedure(s) /protocol.

Leftover Material from:

- Leftover Material from therapeutic or diagnostic procedures

Procedure: \_\_\_\_\_

**AND / OR**

- Title of IRB Project: \_\_\_\_\_

IRB Reference Number: \_\_\_\_\_

Extra Material (where applicable):

Do you consent to collection of additional Human Biological Material for all future research purposes?

- Yes       No       Not Applicable

If Yes, please specify:

- Blood (up to 10mls or the following specified amount: \_\_\_\_\_)

- Others (please specify : \_\_\_\_\_)

Leftover and/or Extra Materials shall apply to the following (Please tick as appropriate):

Do you consent to being contacted in the future by researchers who access your Human Biological Material?

- Yes       No

Do you wish to be re-identified in the case of incidental findings if future research involving your Human Biological Material provides for such re-identification?

- Yes       No

Do you consent to your Human Biological Material being sent overseas for research?

- Yes       No

Do you consent to use of your Human Biological Material for restricted human biomedical research involving human-animal combinations?

- Yes       No

The Human Biological Materials will be donated to:

- SingHealth Tissue Repository

- Other SingHealth Tissue Bank (please specify : \_\_\_\_\_)

<sup>1</sup> **Internal note:** This form is only appropriate for donors who do not lack mental capacity and who are not minors.

<sup>2</sup> **Internal note:** In accordance with section 6(d) of the HBRA and regulation 25 of the HBR Regulations 2017, appropriate consent must be obtained in the presence of a prescribed witness and in accordance with certain requirements. The witness must not be the same person taking the appropriate consent.

**Declaration by Patient:**

- I have read and understood the Information Sheet and have had the opportunity to clarify any and all queries that I may have had regarding such collection, use, storage and donation of my Leftover and/or Extra Material and Personal Data (as explained in Section 9 of the Information Sheet).
- I agree to donate my Leftover and/or Extra Material in accordance with this Declaration Form and the Information Sheet.
- I agree to the collection, use, storage and disclosure of my Personal Data as stated in Section 9 of the Information Sheet.
- I acknowledge receipt of a copy of this Declaration Form and the Information Sheet.
- The nature of this Donation been explained to me. I have fully discussed and understood the purpose and procedures of the Donation and the opportunity to ask questions about this Donation and have received satisfactory answers and information.

\* I have had the Information Sheet and this Declaration Form explained to me by \_\_\_\_\_ (Interpreter) in \_\_\_\_\_ (Language) on \_\_\_\_\_ (Date)

\*To fill in / delete where applicable.

_____	_____	_____
Name of patient	Signature of patient	Date signed

**Declaration of witness<sup>2</sup>**

I, the undersigned, certify that:

- I witnessed this Declaration Form and the Information Sheet being provided, and their contents being explained, to the patient or the patient's legally acceptable representative and was present for the entire time.
- I have taken reasonable steps to ascertain the identity of the patient or the patient's legally acceptable representative giving the appropriate consent.
- I have taken reasonable steps to ascertain that the consent has been given voluntarily without any coercion or intimidation.

_____	_____	_____
Name and Designation of witness	Signature of witness	Date signed

**Declaration of Person obtaining consent**

I, the undersigned, certify to my best knowledge that the patient/patient's legally acceptable representative signing this Declaration Form clearly understands the nature of the Donation and the use of the patient's Personal Data and Leftover and/or Extra Material.

_____	_____	_____
Name of person obtaining consent	Signature	Date signed