

BANKING OF HUMAN BIOLOGICAL SAMPLES FOR FUTURE RESEARCH

In conjunction with the ACRB Information Brochure, this Consent Form is part of the informed consent process. It explains the purpose and requirements of the program.

Please read the Information Brochure and Consent Form carefully and take your time to make your decision. **Your participation in this study is entirely voluntary.** Participation will not affect your treatment. You may discuss your potential participation in the program with your doctor, family and friends. All information provided remains strictly confidential and secure as per the Alberta Health Information Act.

WHO DO I CALL IF I HAVE QUESTIONS?

For more information about the ACRB, you may contact the Research Personnel at **403.521.3249** to answer your questions or concerns.

If you have any questions concerning your rights as a potential participant in this research, please contact the Health Research Ethics Board of Alberta Cancer Committee administrators at 1.877.423.5727 (toll free).

IF I SUFFER A RESEARCH-RELATED INJURY, WILL I BE COMPENSATED?

In the event that you suffer injury as a result of participating in this research, no compensation will be provided to you by the Alberta Cancer Foundation, Canadian Breast Cancer Foundation, the University of Calgary, Alberta Health Services or the Researchers. You still have all your legal rights. This consent form does not alter your rights to seek damages.

UNDERSTANDING OF YOUR PARTICIPATION AND CONSENT:

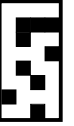
I have read and understand the information provided. I can refuse to participate or withdraw at any time without jeopardizing my health care. I have had all my questions answered to my satisfaction or I do not have any questions at this time. I will keep a copy of my Consent Form and the Information Brochure so that I can contact the ACRB personnel if I have any questions in the future. I understand that no information identifying me will be released to researchers and that all samples are de-identified. If you consent to participate in other ethically-approved research studies, biospecimens and relevant health information may be shared with these groups in accordance with AHS privacy policies and provincial regulations.

The Health Research Ethics Board of Alberta (HREBA) has approved this research study.

A signed copy of this consent form will be provided for you to keep for your records and reference.

ACRB Contact Information
Phone: 403.521.3249
Email: bio.bank@ahs.ca

Mailing Address
Tom Baker Cancer Centre, ACR Biobank
RM CC123B, 1331-29 St NW
Calgary AB, T2N 4N2



Last Name

First Name

Date of Birth / / (YYYY/MM/DD)

Health Care Number

Telephone Number - -

Address

City Postal Code -

Email

Participant ID (for office use only)

Sample ID (for office use only)

Are you willing to participate in this research program?

- YES NO 1. My biological sample(s) and/or relevant de-identified health information may be used in future research to learn about, prevent, or treat cancer.
- YES NO 2. My biological sample(s) and/or relevant de-identified health information may be used in future research for other health problems (for example: diabetes, heart disease, etc..)
- YES NO 3. I am willing to be contacted in the future regarding research studies or projects that I may be eligible for. I understand that giving permission to contact me does not obligate me to further participation.
- YES NO 4. My biological sample(s) and relevant de-identified health information may be used in cancer or other health-related research conducted by investigators employed by private industry.

I have read and understood the consent form and the information brochure.

Signature of Participant (or Authorized 3rd Party)

Date Signed (YYYY/MM/DD)
 / /

If Signed by an Authorizing 3rd Party, please check box, print first and last name and relationship to participant.
