

UKITP Subsequent Tissue Informed Consent Agreement (1.6)



\*\*Insert Trust Logo here\*\*

Site address and contact details

**Subsequent Tissue Usage Informed Consent Agreement**  
*UK Adult Immune Thrombocytopenic Purpura (ITP) Registry*

*Please initial boxes*

- 1. I consent to the storage of my blood or saliva in a research tissue bank for use in future studies.
- 2. I agree that the blood or saliva I have supplied may be used for future genetic research but not for research involving cloning or for the testing of inherited diseases without my express consent.
- 3. I am aware that I am free to withdraw my consent for the subsequent storage and use of my blood or saliva at any time.

If you have any preferences or exclusions for use of your donated blood or saliva, or any other comments, please include them here:

_____ Name of Patient	_____ Date	_____ Signature
_____ Name of Person Taking Consent (if different from researcher)	_____ Date	_____ Signature
_____ Researcher	_____ Date	_____ Signature