

## 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

**Note:** original kept with hospital notes; 1 copy for patient; 1 copy for data manager  
Revised 22<sup>nd</sup> February 2017