

Serial Number: OMB-F 064

Version Number: 1.0

Version Approver: Karolina Kliskey

Version Approval Date: 26/07/2012

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Version Effective: On release

Request for Release of Samples for a Non-Scheduled Purpose

Dear Sir/Madam,

Thank you for previously considering donation of your tissue and/or blood for use in research.

This form is used to record your request for the release of one or more samples for use in a manner not covered by the Human Tissue Act 2004, e.g. litigation (a “non-scheduled purpose”).

When you sign the form, your samples stored at the Oxford Musculoskeletal Biobank (OMB) will be retained, but they will be temporarily flagged as not for research. At a date requested by your representative (named below), the OMB will release them to an agreed courier and recipient.

If it is a long time since you donated the sample(s), some may have been used by researchers already. The OMB cannot recall samples once they have been used in a manner that necessarily involves the break-up or destruction of the sample. However, it will recall those that are unused or that have been used in a non-destructive fashion. Details of use will be passed to your representative.

Please note that in signing this form, you are *not* withdrawing your consent for your samples to be held for research. If you wish to withdraw your consent once the current need for the sample(s) has been satisfied, please indicate below. Signing will not affect any other clinical trial in which you may be participating.

Request

I wish some of my samples to be held and released by the Oxford Musculoskeletal Biobank (OMB) for a non-scheduled purpose (e.g. litigation).

Please tick one box:

Thereafter, I intend to return my samples to the Oxford Musculoskeletal Biobank for storage and use in the manner to which I have previously consented. I understand that the OMB may contact me to renew my consent more formally at that time.

I wish to withdraw my consent for research. Any relevant material and data not required for non-scheduled purposes will be destroyed in the way normally used by hospitals. Only data required for traceability under the Human Tissue Act 2004 will be retained.

Your name:

Signature:

Date:

Name of witness:

Signature:

Date:

Name and address of representative
(e.g. your solicitor's firm)