



The Norwich Biorepository

The donation, collection, storage and use of samples of tissue and/or fluids and/or other material from an adult for research

Information sheet for patients - Version 16.1 (October 2019)

Thank you for considering giving a sample for biomedical research. This information sheet provides a brief summary to help you to understand what this means and involves.

There is a consent form after the information sheet. It is important that you complete and sign it, if you decide to give us a sample. Please complete all parts of the consent form.

Doctors and other health professionals often take samples (which may be blood, small biopsies, or something else) from patients to help tell us what is wrong and how best to treat it. Larger pieces of tissue or whole organs may be removed by surgeons from some patients as part of their treatment.

Quite often, some of the test sample or surgical tissue is left over at the end. The left-over sample can be used by other doctors or researchers in special experiments to learn more about illness, how it happens and how to treat it, and sometimes to help make new medicines.

We would like to do some experiments on any left-over sample or surgical tissue, once your tests are finished. To do that, we need your permission and signed consent.

Samples donated (given) to the Norwich Biorepository are not:

- Normally used in animal research. It will be made clear to you if animal research is an integral part of the project for which we are seeking a donation.
- Used in cloning experiments. However, the Biorepository would consider the use of donations in non-reproductive cloning experiments based on their scientific value and in the context of prevailing law and ethical standards. It will be made clear to you if cloning experiments are part of the research project for which we are seeking a donation.

If you want to help us, please sign the form at the end of this document.

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If you give permission for a sample to be taken –

- The Hospital will own the sample.
- The sample may be stored, usually in a deep freezer, until it is used. The freezer is referred to as a tissue bank in the consent form.
- Nobody involved in the research will know where the sample has come from.
- The sample will be used only in experiments that are ethical and to help other people. Please see the section entitled ‘Scientific and ethical approval’ below to understand what we mean by *ethical*.
- Your donated sample(s) and any genetic material derived from it (them) may be stored for an indefinite amount of time for future research projects, which may include whole genome sequencing. *Whole genome sequencing* means reading your total DNA code (your genetic blueprint) in a single assessment.
- We might give some of or all the sample to other doctors or researchers for their experiments, if they are ethical and to help other people. Some of these people might work in companies in this country or abroad.
- Data derived from your sample(s) may be placed anonymously in an international database to be used in future research. While we will take all possible steps to maintain your anonymity and protect your privacy, there is a very small risk that genetic information produced in the research and stored on databases could lead to your identification by being linked to other stored information.
- We will keep some facts about you on our Biorepository database.
- Although these facts might be given to the research doctors or scientists to help their experiments, we will NOT tell them your name or other details that would let them know who you are.
- Doctors in the Hospital might also read your hospital records to help them understand what the doctors or scientists find out in the experiments. This is possible because your hospital records can be linked to the anonymous research sample without loss of confidentiality as far as the researchers are concerned. If the research results are important for you, it might be possible using this linkage to feed back the information to your doctor, so that any appropriate action can be considered.

Your treatment will not be affected in any way, if you do not feel able to say yes to our request for a research sample.

The next sections give you some more detailed information. If you have any questions, please do not hesitate to ask the person who is seeking your permission.

WHAT WILL HAPPEN

Tissue, blood or other samples taken from you for diagnosis and/or treatment of your condition will be sent to the Pathology Laboratories, where they will be tested to decide exactly what they are and whether any further treatment will be necessary. This is a standard part of treatment. **Only as much tissue or fluid as is needed will be removed.**

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MEDICAL RESEARCH AND WHY THIS PROGRAMME IS IMPORTANT

When all the routine tests have been done, if any samples are left over, with your consent, they could be donated (given) for use in medical research. As part of a research programme which now includes the Norfolk and Norwich University Hospitals NHS Foundation Trust, the James Paget University Hospitals NHS Foundation Trust, the University of East Anglia (UEA), and the Quadram Institute of Biosciences (QIB) some of the sample or material extracted from it will be stored in the Norwich Biorepository (usually in a special deep freezer) for use by ourselves or by researchers from other centres at a later date. Some of this research may involve an assessment of genetic material (DNA and/or RNA) to help us understand the genetic basis of health and disease.

The purpose of this research is to understand more about human health and disease, and to develop new methods of prevention or new treatments for the benefit of future patient care. Some of these research programmes could lead to the development of new products and processes, which may be developed commercially for the improvement of patient care, in which case there would be no financial benefit to you.

Medically qualified doctors or other suitably qualified staff at the hospital may need to review your hospital records, including case notes, as part of this research in order to relate the research findings to the clinical outcome. It is important to be able see how you progress after the tissue or other samples you have donated (given) have been used in the research project(s). They will not give your name to those doing the research.

The research may also involve training doctors and researchers in scientific medicine, and may lead to higher qualifications for them (e.g., PhD or MD degrees). This is important for future research into diseases and for looking for new, more effective, treatments for them.

LINKS WITH OTHER ORGANISATIONS

If you agree, we may send stored material or products derived from it to other approved tissue banks or companies in this country or abroad to support their research programmes or the research programmes of those companies' clients. Such outside organisations will provide financial support for the Norwich Biorepository (our tissue bank), to help it recover its operating costs. We are not, however, allowed to sell tissue or other samples in order to make any financial profit from these commercial links.

SCIENTIFIC AND ETHICAL APPROVAL

The Norwich Biorepository acts as a custodian of the samples it holds. It releases them only to individuals or organisations that have an acceptable scientific background and work to high ethical standards. We require that all such medical research has been approved by a properly constituted Research Governance Committee before it starts. It must also be approved by a Research Ethics Committee or on behalf of the Research Ethics Committee that oversees the work of the Norwich Biorepository under the terms of the Biorepository's own Research Ethics Committee approval. That committee is the Cambridge East Research Ethics Committee. These committees look particularly at the purpose and validity of the research proposal, the welfare of any participants and issues of consent and confidentiality. We will release samples to commercial companies only if they work to appropriate ethical and scientific standards.

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DONATING EXTRA SAMPLES FOR RESEARCH

In certain circumstances you may be asked by the doctor treating you (or by a doctor, research nurse or nurse practitioner working with him/her) to consider donating (giving) tissue or other samples in addition to those to be removed as part of your diagnostic investigation or treatment. **Such extra samples will be taken only if you give your consent and if their removal does not cause you any harmful effects now or in the future.**

YOUR RIGHTS

If your samples are stored, information about your case will be kept on a computer in the Norwich Biorepository. This will help us understand what your illness was like and relate what we find in experiments to what happens to patients. Under the Data Protection Act, you are entitled to ask to see what is recorded about you by applying to the Chairman of the Norwich Biorepository Committee, Norfolk & Norwich University Hospital, c/o Dept. of Cellular Pathology, The Cotman Centre, Colney Lane, Norwich, NR4 7UB. No one other than you has the right to see these records and any information needed for research purposes will be made anonymous before it is given to the researcher.

The researchers will not be able to find out your name or any personal details about you from the information that they receive.

You will have the opportunity to discuss with a doctor issues relating to the possible use of your samples for research purposes. He or she will answer any questions you may have.

MAKING A DONATION (GIFT) OF TISSUE AND/OR OTHER MATERIAL FOR RESEARCH

If you decide that you want your tissue, etc., to be stored in the Norwich Biorepository and used for research purposes, you will be asked to sign a special Consent Form confirming your decision and stating that you have read and understood this sheet.

When you sign the form you will give the ownership of the tissue or other samples to the Norfolk & Norwich University Hospitals NHS Foundation Trust. The tissue or other samples will then belong to the Trust, which will store it for an indefinite period of time and will be able to decide how it should be used for research. It will also have the right to dispose of unused stored material in an appropriate legal and ethical manner following normal procedures.

If you do not want your tissue to be stored in the Norwich Biorepository, please tell us and do NOT sign the special Consent Form.

If you do not sign this form, the tissue or other samples will still be sent to the laboratory to undergo those tests that are necessary for your care but they will not be used for research purposes. All unused tissue from your procedure will be disposed of using normal hospital methods. We will respect your decision and it will not affect in any way the treatment you receive.

For any questions or withdrawal request please contact us via;

Email - Biorepository@nnuh.nhs.uk

Phone – 01603 289428

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Affix an addressograph label here or complete the following details:

Patient's name.....

Date of birth.....

Hospital no.

The Norwich Biorepository

Consent for the collection, storage and release of human samples for research

I agree (Please initial small box) that the following tissue or other material may be used for research, including genetic (DNA and/or RNA) studies and for the possible development of commercial products for the improvement of patient care, from which I would receive no financial benefit:

List samples for research:

I also agree that (Please initial small boxes, as appropriate):
 These samples become the property of the Norfolk & Norwich University Hospitals NHS Foundation Trust ("the Trust")

The Trust may store these samples in a tissue bank / biorepository

The Trust may use these samples at its discretion in properly approved research programmes

The Trust may pass on these samples to other approved tissue banks and/or companies, which may be in this country or abroad, in properly approved research programmes

Yes
No

My genetic material and donated sample(s) may be stored for an indefinite amount of time for future research projects, which may include whole genome sequencing

Information about my case may be kept on the Norwich Biorepository database

Anonymous data derived from my sample(s) may be placed in an international database for future research

Such information may be passed in an anonymous form to persons outside the Trust in connection with research and may be published with any research findings

I agree that appropriately qualified staff employed by the Trust may review my hospital Medical records, including case notes, as appropriate, for the purposes of research using the donated samples

These samples may be used in ethically approved animal research

Yes
No

These samples may be used in ethically approved cloning research

Yes
No

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**Affix an addressograph label here
or complete the following details:**

Patient's name.....

Date of birth.....

Hospital no.

The Norwich Biorepository

**Consent for the collection,
storage and release of
human samples for research**

I confirm that:

- 1) I have read and understand the Information Sheet for Patients, Version 16.1, dated October 2019**
- 2) The issues have been explained to me, and that I have had the opportunity to ask questions.**

Signed _____ (Patient) Date _____

I have explained the request for tissue for research purposes and have answered such questions as the patient has asked.

Signed _____ Print name _____
Medical / Nursing Practitioner

Date _____



CONSENT FOR TAKING EXTRA SAMPLES FOR RESEARCH

Please initial the appropriate box for each item:	YES	NO
<p>In addition to the removal of tissue, blood or other fluid samples as a necessary part of my procedure, I also consent to the removal of additional tissue, blood or other fluid samples from the operation site during my procedure PROVIDED THAT SUCH REMOVAL CAUSES ME NO HARM now or in the future, is limited to what I and the doctor treating me (or a research nurse or nurse practitioner delegated by him/her) have discussed and agreed, and which is specified below. *</p> <p><i>Please initial appropriate box</i></p>		
<p>*Please list additional samples for research:</p>		

Signed _____ (Patient) Date _____

I have explained the request for the donation (gift) of extra tissue and/or other samples for research purposes and have answered such questions as the patient has asked.

Signed _____ Print name _____
Medical / Nursing Practitioner

Date _____

For any questions or withdrawal request please contact us via;

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