LEUKEMIA/BONE MARROW TRANSPLANT PROGRAM OF BRITISH COLUMBIA

Division of Hematology

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Consent to Contact and Optional Blood and Bone Marrow Aspirate Collection

Dear Patient,

The Hematology Cell Bank of BC collects blood and bone marrow samples from patients and healthy donors for use in research into blood disease and malignancy. These samples are an essential resource for scientists at the BC Cancer Research Centre and collaborating research centers who use these samples to further our understanding of blood disease and malignancy. You are being invited to participate in this work by donating some of your blood and/or bone marrow samples because you have or are suspected of having one of the blood diseases being studied.

With your permission, by signing this form, **your name and contact information** will be forwarded to the Coordinator of the Hematology Cell Bank of BC. The Cell Bank Coordinator or designate will contact you and send to you, if do not already have it, the full Hematology Cell Bank of BC consent. You will be given an opportunity to read and discuss this consent with the coordinator or designate.

Optional blood and bone marrow aspirate samples. If you agree to this option, 42 ml of blood (around 3 tablespoons) and 5 ml of bone marrow (1 teaspoon) will be collected at the time you are having your regularly scheduled diagnostic sample collected. These research samples will be collected through the same needle following the diagnostic sample and do not require additional needle pokes. It is anticipated the collection of these research samples would prolong your procedure for less than 1/2 minute, and, it is unlikely there will be any increased risk or harm to you.

These research samples will be **held but not used for 3 months**. If the Hematology Cell Bank Coordinator has not been able to contact you by then to obtain your full consent, or you do not give full consent to allow the samples to be used for research, they will be destroyed.

This is completely voluntary. If you choose not to participate, you do not have to sign this form. You will continue to receive the best available medical care. You may choose to withdraw consent at any time even during the blood collection or bone marrow aspirate procedure. You may contact the **Hematology Cell Bank Coordinator** by email at hemcellbank@bccancer.bc.ca or by phone from 8:00 am to 4:00 pm at 604-875-4111 extension 69517 if you have questions. The Cell Bank Coordinator can also be paged at 604-871-1212 outside of these office hours.

By signing this form**,** I agree to be contacted and give permission for my physician to release my contact information to the Hematology Cell Bank of BC.

I also agree to have additional blood and bone marrow aspirate samples collected from me to be held but not used, as described above, until I have given full consent for their use by the Hematology Cell Bank of BC.

☐ **Yes / Initials:** _____ ☐ **No / Initials:** _____

_____ _____ _____

Name (please print) ***Signature*** ***Date***

Phone:_____ ***Email:***_____

Fax form to 604 875-5552, attention Hematology Cell Bank