



**LEUKEMIA/BONE MARROW TRANSPLANT PROGRAM OF BRITISH COLUMBIA**  
**Division of Hematology**

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Supported by:  
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## HCB Witness of Verbal Consent

This form is to authorize collection of samples for the Hematology Cell Bank from

\_\_\_\_\_ on \_\_\_\_\_  
*(Print patient's name)* *(Date)*

Verbal consent was obtained from

\_\_\_\_\_

*(Print patient's name)*

**Instructions for fellows, physicians or clinical associates: Please read the statements below and initial in the applicable sections to indicate that you discussed these issues with the patient.**

I state that the above patient was informed of the Hematology Cell Bank (HCB) and agreed verbally to an extra 2-5 mls (approx 1 teaspoon) of bone marrow and an extra 40-45mls (approx 3 tablespoons) of blood to be taken for research purposes at the time of his/her bone marrow and blood work procedure.	
I have explained that this extra withdrawal will not affect the patient and that their participation is voluntary.	
I have explained that the HCB Coordinator will meet with the patient in the next 4 -12 weeks in person to discuss the Hematology Cell Bank in more detail and provide the patient opportunities to ask any questions. At this meeting a formal, full consent form will be signed, if the patient agrees to participate.	
The patient understands that his/her samples will not be used for any research until they have met with the HCB Coordinator and have signed the full consent form. Also, he/she understands that collected tissue will be discarded if patient declines full consent form.	
In case that patient is discharged from the hospital sooner than anticipated, and before the HCB Coordinator has managed to meet with him/her, the patient has agreed to be contacted by the HCB Coordinator by mail or telephone for follow up with full signed consent.	

\_\_\_\_\_  
*(Signature of clinician or designate obtaining consent)*

\_\_\_\_\_  
*(Print clinician's name or designate obtaining consent)*

**Please put this form in a dedicated location for HCB consents – T15/T14 Units  
 Please contact the HCB Coordinator at 604-875-4111 Ext. 69517 with any question**