



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

HCB Witness of Verbal Consent

Division of Hematology
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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)

Supported by:
 BC Cancer Agency
 Vancouver Coastal Health
 University of British Columbia

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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 12 -16 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 be used for research on normal blood cell production, differences between normal and cancer blood cells, genetic and cellular events that lead to disease, stem cell transplant and cellular therapies, genetic modification of blood cells and cancer blood cells, methods of increasing blood production in the body, methods of improving blood transfusion, treatments and agents with respect to efficacy and preservation of normal cells. 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