Consent Form

Title	Brain Tumour Bio-databank to enable precision medicine
Project ID Number	48773
Coordinating Principal Investigator	Prof. Terence O'Brien
Location	Alfred Health
Principal Investigator:	A/Prof. Martin Hunn

Declaration by Person Responsible/Medical treatment decision maker

- I have read the Participant Information Sheet or someone has read it to me in a language that I understand. I understand the purposes, procedures and risks of the research described in the Bio-databank. I have had an opportunity to ask questions and I am satisfied with the answers I have received.

- I freely agree for the patient to participate in this Bio-databank program as described and understand that I am free to withdraw at any time during the program without affecting patient's future health care. I understand that I will be given a signed copy of this document to keep.

- I give permission for patient's collected samples to be used for any future unspecified Health and Medical Research.

- I permit the transfer and sharing of patient's samples and my health and personal information to other researchers/biobanks both interstate and internationally for ethically approved health, medical, healthcare or health outcomes research.

- I permit the linking of patient's health information (e.g. clinical records, diagnosis history, pathology results, hospital and emergency department records) and other relevant information (e.g. education, employment status, lifestyle factors) by Alfred Health researchers for use in health and medical research, subject to ethics approval.

- I give permission for patient's doctors, other health professionals, hospitals or laboratories outside this hospital to release information to the Brain Tumour Bio-databank concerning patient's condition and treatment for the purposes of this Bio-databank. I understand that such information will remain confidential.

In addition to the brain tissue sample collected, I also give permission for the following:

1. I agree for patient's blood sample to be taken before and after operation.	Yes ☐ No ☐
2. I agree for a small sample of patient's CSF to be taken for research purposes whilst the patient is in the ICU.	Yes ☐ No ☐
3. I agree to be followed-up to answer some key questions about patient's health on a six monthly to annual basis.	Yes ☐ No ☐

If research with patient's samples reveals an incidental finding relating to the patient or patient's family

(Please refer to section 6)

4. I wish to be informed	Yes ☐ No ☐

- I understand that I can withdraw my consent for the patient to participate in the Bio-databank by completing a "Withdrawal of Consent" form. I can also specify whether I wish to have patient's blood, CSF, tissue samples and its derivatives, which have already been collected and stored, deleted, destroyed or returned to me if they are still identifiable as patient's samples.

- I understand that, if I decide to withdraw my consent for the patient, there would be no consequences or negative impact on patient's normal course of treatment and care. Also, research that has been published cannot be deleted or discarded, but the patient will not be able to be identified in any way.

Consent form for Research Biobanking.
(Adult providing own consent)

Name of Participant (please print) _____

Signature _____ Date _____

Name of Witness* to Participant's Signature (please print) _____

Signature _____ Date _____

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Declaration by Study Doctor/Senior Researcher†

Name of Study Doctor/
Senior Researcher (please print) _____

Signature _____ Date _____

A senior member of the research team must provide the explanation of, and information concerning, withdrawal from the research project.

Note: All parties signing the consent section must date their own signature.