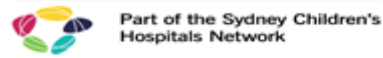
	
Surname		 <p>Corner Hawkesbury Rd & Hainsworth St, Locked Bag 4001 Westmead NSW 2145 Sydney Australia Tel 61 2 9845 0000 Fax 61 2 9845 3489 www.schn.health.nsw.gov.au ABN 53 188 579 090 DX 8213 Parramatta</p>	
Given Names			
MRN			
Date of Birth			
<h3>CONSENT FORM FOR TUMOUR BANK</h3>			
<p>Investigators: Dr Luciano Dalla-Pozza, Department Head, Oncology Unit, Tel: (02) 9845 2134 A/Prof Daniel Catchpoole, Head of Tumour Bank, Children's Cancer Research Unit, Tel: (02) 9845 1205</p>			
<p>Declaration of a parent/guardian:</p> <ul style="list-style-type: none"> • I have read, or have had read to me in a language I understand, the Parent/Guardian Information Sheet and Consent Form (Version 2, 29 September 2014) • I understand any potential risks that might be associated with donating my/my child's biological material and associated clinical information to research • I have had an opportunity to ask any questions regarding tissue banking and am satisfied with the answers I received • I have been given a copy of the Parent/Guardian Information Sheet and I will be given a signed copy or a second original of the Consent Form (if contacted by mail) • I understand that I am free to withdraw my consent at any time and this decision will not affect my/my child's treatment <p><i>Please strike out the option that is not applicable and tick the appropriate boxes:</i></p> <p><input type="checkbox"/> I AGREE/DO NOT AGREE to donate my/my child's biological material to the Tumour Bank at The Children's Hospital at Westmead, based on the information I received</p> <p><input type="checkbox"/> I AGREE/DO NOT AGREE to be informed of any new information that may benefit or reduce the risk to my child, my family or my community resulting from research on my child's sample.</p>			
Name of Child			
Name of Parent/Guardian			
Signature of Parent/Guardian		Date	
Signature of Witness		Date	
<p>Declaration of person providing informed consent: I have explained the aims of the Tumour Bank to the above and believe they have understood that explanation.</p>			
Job Title			
Name			
Signature		Date	
<p>Declaration of Interpreter: I have interpreted the verbal explanation, Parent/Guardian Information Sheet and Consent Form to the family in a language they understand.</p>			
Name of Interpreter			
Language			
Signature of Interpreter		Date	



C2CH