INFORMED CONSENT

Principal Researchers: David González Familiar and Amaia Arregi Agirre
PROJECT TITLE: Elkar Laguntza peer social support program.

I.....with DNI..... declare that I have read the Patient Information Sheet, a copy of which has been given to me. I have received information about the characteristics of the study, as well as the possible benefits and risks that I can expect, the rights that I can exercise, and the provisions on the treatment of data and samples. I have received sufficient information about the study.

I know that my identity will be kept secret and that my samples will be identified with a coding system. I am free to revoke my consent at any time and for any reason, without explanation and without adverse effect on any present or future medical treatment.

I consent to the use of my samples and associated clinical data as part of this research project. I consent to participate voluntarily.
If there is a surplus sample, I affirm that I have been advised of the disposition options at the end of the research project.
In this sense: I request the destruction of the surplus sample.
I request the incorporation of the surplus sample in the Basque Biobank.

Date ..... Patient's signature .....

I confirm that I have explained the characteristics of the research project and the conservation conditions, if applicable, that will be applied to the sample and to the preserved data.

Name of the Investigator or the person designated to provide the information:

Date ..... Signature .....

CONSENT FOR THE DONATION OF SAMPLES TO THE BASQUE BIOBANK FOR RESEARCH.

Clinical responsible: _____

I: _____

I have been informed about the possibility of transferring and storing the sample together with the related clinical information to the Basque Biobank for Research.
I have been informed about the purpose of storage, the place of storage, as well as about the guarantees of compliance with current legislation and the possibility of transferring the samples for future research projects. I have been informed that the present consent will be kept in the facilities of the Biobank Node at the Onkologikoa Hospital.
I GIVE my consent for the Onkologikoa Health Center to transfer my samples and relevant health data (except those that identify me) on cancer, to the Basque Biobank for Research.
I give my consent that:

the sample will be used only for projects related to my disease.
the sample will be used for any biomedical research (preferably related to the disease).

I have been advised of the possibility of consenting to donate the sample and associated data in an anonymized form:

I WISH THE SAMPLES AND DATA TO BE ANONYMIZED*.
I WISH THE SAMPLES AND DATA TO BE CODED**.

I have been advised of the possibility of receiving information regarding my health derived from future genetic analyses that may be performed on my biological sample (if the sample has been donated in coded form and genetic data have been obtained).

I request information
I do not want to receive information

Date ..... Patient's signature .....

I confirm that I have explained the characteristics of the storage and security conditions that will be applied to the sample and to the clinical data stored.

Name of the responsible clinician

Date ..... Signature .....

Date 2020, 01/09

* coded sample: the sample is identified with a number that only your physician will be able to relate to you.

** anonymized sample is one that is not associated with identifying data.

Date 2020, 01/09