

Consent to Participate in Collection of Biological Sample(s) for Diagnostic Research

INVESTIGATORS:

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INTRODUCTORY/PURPOSE STATEMENT

You are being asked to participate in a research study. The purpose of the study is to obtain periodic blood samples and previously obtained biological specimens (i.e., tumor tissue) which researchers will use to help them develop new ways of diagnosing and treating your disease.

DESCRIPTION OF THE RESEARCH STUDY

If you agree to participate in this study, a blood sample will be taken periodically at a time when you are having blood drawn. A sample of any previously obtained biological specimen (i.e., tumor tissue) may also be collected. No samples submitted for the study will be used in any way as part of your treatment or evaluation.

RISK/ALTERNATIVES

There should be minimal risk or discomfort in this study. These risks would involve the normal discomfort and complications involved in performing a blood draw. The alternative is to decline to participate in the study. **Your participation is strictly voluntary.**

POSSIBLE BENEFITS FOR PARTICIPATION

Your participation will not result in any direct financial benefit to you but others may benefit by the future development of improved diagnostic tests and treatments. You will not receive any results from any of these research protocols. You will not benefit financially from any discovery, patent, invention or commercial product which may be developed as a result of this research protocol.

CONFIDENTIALITY

Your identity will be kept strictly confidential. Neither your name, address, or other identifiers such as social security number will be shared with the investigators. NO investigator or researcher will ever contact you or your family.

My signature below shows that I have agreed to participate. My role as a sample donor has been explained to me and I have received a copy of this form.

Printed Name: _____ Date: _____

Signature: _____

I have explained the above and answered the questions of the participant.

Signature of person obtaining the consent: _____ Date: _____