CONSENT FORM FOR RELATIVE OF DECEASED PATIENT

UKHR ID Number: UKHR _ _ _ _ _ _ _

Title of Project: United Kingdom Histiocytosis Registry (UKHR)

Please initial here

The relative should complete the whole of this sheet him or herself.
(Please write your initials in the following boxes if you agree with the statement)

1. I confirm that I have read and understood the information sheet version 1.2 dated 19.02.19 and have had the opportunity to consider the information and to ask questions.	
2. I understand that my consent to the inclusion of my relative in the study is voluntary and that I am free to withdraw consent at any time, without giving any reason and without this affecting my medical care or legal rights.	
3. I give permission for responsible individuals conducting the research to have access to my relative's medical records for the collection of medical information about my relative.	
4. I give permission for my relative's biopsy samples already stored in pathology archives to be used for research.	
5. I give permission to the UKHR to keep my relative's medical information and samples for use in future research approved by the Access Committee of the UKHR, without my additional consent.	
6. I give permission for my relative's medical information and samples to be sent abroad to International Histiocytosis Registries. This includes digital images of pathology, X-rays, scans and photographs and samples for pathology review.	
7. I give permission to the UKHR to sequence DNA and RNA from my relative's samples, including whole genome sequencing, for research on histiocytosis.	
8. I give permission to the UKHR to make cells from my relative's samples into 'immortal' cell lines and into 'stem cells' for the purpose of research on histiocytosis.	
9. I give permission for cells taken from my relative's samples to be injected into animals for research on histiocytosis.	
10. I give permission for members of Regulatory Authorities and NHS Trusts to have access to my relative's medical records for the regulation and audit of research.	
11. I agree that UKHR may recover the costs of running the registry by charging researchers a fee to access information and samples.	
12. I agree that my relative's samples can be used for research in collaboration with a commercial company that has been approved by the Access Committee of the UKHR.	
13. I agree to my relative taking part in the above study.	

_____	_____	_____
Name of person giving consent on Patient's behalf, and relationship	Date	Relative's Signature

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_____	_____	_____
Name of Person taking consent	Date	Signature