

Hospital logo

CHILDREN'S CANCER INSTITUTE

MINIMUM RESIDUAL DISEASE TESTING AND BANKING OF SPECIMENS FOR FUTURE RESEARCH

PATIENT INFORMATION STATEMENT

Your doctor or clinical trials centre has requested that Children's Cancer Institute performs some tests to measure minimum residual disease (MRD). MRD is a research test based on the identification of unique features known as markers that are present in leukaemic or lymphoma cells but that are not usually present in normal cells. Once they have been identified, these markers can be measured in a sample collected from the same patient after treatment. MRD testing is usually done on bone marrow samples but blood and other tissues can also be tested. MRD testing is used mainly in clinical trials to identify patients at higher or lower risk of relapse. We will not provide any test results to you directly. The results of MRD testing will be sent to your doctor and the clinical trials centre if applicable, and your doctor has the responsibility for interpreting these results for you.

We would like your permission to keep any leftover sample (DNA and/or cells) for research. If you agree, the sample(s) will be kept frozen in our Tissue Bank at the Lowy Cancer Research Centre, UNSW, Randwick, NSW, 2031 for an unknown amount of time. Sometimes doctors request additional diagnostic tests for a patient using their stored samples. Stored left over samples may also be used in medical research which has approval from a Human Research Ethics Committee (HREC). Most research will not show results for a considerable period and there will be no direct medical value to you. The use of your sample(s) could however benefit other patients in the future. All research using banked tissue requires approval by an HREC and the Management Committee of the Children's Cancer Institute Tissue bank. The results of the research may be published provided that patients cannot be identified. The choice to let us keep your samples for future testing or research is up to you. If you decide to let us keep leftover sample (cells and/or DNA), you may change your mind at any time and we will destroy any remaining sample(s).

In the event that incidental/unexpected information relevant or useful to you, your child or your community becomes available, the researchers who have been given your sample have agreed to provide the results to the Tumour Bank Management Committee. If information becomes available, you will be informed of this information by your treating doctor or GP who is listed on your medical records charts. You can choose to be notified of these findings by ticking the appropriate box on the consent form.

Researchers who use your samples in the future may need up-to-date information on your health. If you give consent, then Children's Cancer Institute staff from the MRD group or Tissue Bank may request your health information from your doctor or hospital or clinical trial co-ordinator. Only these staff will have access to your name and other personal details. Your health information will be coded to preserve your privacy. In rare cases, more information may be needed from you for a research project, but this will only happen if you have given specific consent.

Your sample(s) will not be sold and will only be used for: 1) tests that your doctor requests including MRD testing, 2) quality control purposes or 3) cancer research. Although research conducted using your samples may result in the development of new medical products or treatments you will not receive money or other forms of compensation.

If you have questions at any time your doctor will be happy to answer them. If you have specific questions about the Tissue Bank at the Children's Cancer Institute, you may contact Ms Kiri Collins tbmgmt@ccia.unsw.edu.au; phone 02 9385 2085.

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PATIENT CONSENT FORM

Name Medical Record Number Signature of Patient Signature of Witness	Name of Wi	Date of <u>first</u> admissi Hospital itness	Date Date	
Medical Record Number				
			on	
Name		Date of <u>first</u> admissi	on	
I agree to be informed of a my family or my communit	any new inform ty resulting fron	nation that may benefit on research on my sample	or reduce the. Yes \(\text{\begin{align*}	e risk t
I freely consent to the provi	ision of informa	ntion about my health.	Yes 🗆	No 🗆
I understand that information information will be kept conf				arch; th
I freely consent to storage o	of my samples a	nd their use in research.	. Yes \square	No 🗆
future testing if requested by This applies to all specimens	y my doctor or fo	* *	ed by an ethi	cs comi
Lunderstand that any sample	S		Yes 🗆	No 🗆
I freely consent to MRD tes	sting.			

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REVOCATION OF CONSENT

☐ I hereby WITHDRAW my consent for future rethat such withdrawal WILL NOT make any different attendants.	esearch on samples collected from me. I understance to my relationship with the hospital or medical	
Name of Patient:		
Date of Birth:		
Signature of Patient	Date	
The section for Revocation of Consent can be given	n to your doctor for forwarding to	
The Scientific Services Manager,		
Children's Cancer Institute, C25 Lowy Cancer Research Centre, UNSW,		
C23 Luwy Cantel Research Centre, UNSW,		

PO Box 81, Randwick, NSW 2031, Australia.

Fax 02 9662 6584