Children’s Research Bio Bank

Helping to develop better treatments for children in the future.
This booklet belongs to:

__________

Hospital:

__________

Helping to develop better treatments for children in the future.

Thankyou
Hello

Sometimes when you are in hospital, doctors or nurses need to take small samples of blood, wee, poo, saliva or little bits of tissue (if you are having an operation) for testing. Testing samples gives the doctor information they need to find out if you are ill and how to make you feel better. However these samples can also help with research!

At the moment after the doctors have tested samples for all the tests they think necessary, the leftovers are destroyed. We are asking all patients if we can store the leftovers of blood, wee, poo or saliva or pieces of tissue and use them for research. The samples will be stored in a special place called a tissue bank which keeps them all safe and at the correct temperature.
What is research?

Research is what scientists do to find out about things. In medical research scientists use blood or tissue samples for special tests to understand more about illnesses and to develop better treatments for children in the future.

Why do we need to ask a lot of people?

Children are not small adults and children are all different. Look at your class mates they are the same age but all look different, unless they are identical twins. Doctors need to understand why all different types of people get ill and this means they need to test lots of samples from different people.

What are we asking you to do?

We are asking you if you have samples taken by the nurse or doctor looking after you, if we can use the leftover bits that they don’t need. We will NOT ask you for any extra samples or take bigger samples.

We are asking you to give us your permission to store and use these left over samples for research. We will also ask some things about your medical history- like your age and any illnesses you have had or if you have been to the hospital or doctors before. Your name and address will be removed so that researchers will not be able to recognise you.
BUT

- If you don’t want to you can say no and no one will be upset with you.

AND

- You can ask your doctor or nurse as many questions as you want, before you decide.

What will happen if I say ‘No’?

If you decide to say ‘No’, nobody will mind and your treatment will be the same.

What will happen if I say ‘Yes’?

Giving your permission is called giving consent. If you decide to say ‘Yes’, you will be asked to write your name on a consent form. Your mum or dad will also need to sign this form.

Can I change my mind?

Yes. Just tell your mum or dad, or your doctor and they will arrange for your samples to be destroyed.

What should I do now?

Take some time to think about it. We think it is a good idea to talk to your mum or dad about it, before you decide. Your doctor or nurses will also be happy to answer any questions. When you come to the hospital we will ask you and your parents what you want to do.
CONSENT FORM FOR CHILDREN
(to be completed by the child and their parent/guardian)

Please circle your answers:

Have you read (or had read to you) the information sheet? Yes  No

Has somebody else explained the information sheet to you? Yes  No

Do you understand what we are asking you? Yes  No

Have you asked all the questions you want? Yes  No

Did you understand the answers? Yes  No

Do you understand it’s OK to say NO at any time? Yes  No

Do you give us your permission to use the leftovers from your samples for research? Yes  No

If you do want to take part, please write your name and today’s date

Your name

Date / / 

Your parent or guardian must write their name here too if they are happy for you to give consent

Print Name

Sign

Date / /
CONSENT FORM FOR PARENTS

Please circle your answer

1. I confirm that I have read and understand the information sheet
   Yes  No

2. I understand that my child’s participation is voluntary and that I am free to withdraw my child at any time, without giving any reason, and without their medical care or legal rights being affected.
   Yes  No

3. I understand that relevant sections of my child’s medical notes will be accessed and de-identified when given to researchers with the tissue sample.
   Yes  No

4. I understand that my child’s surplus tissue may be used for genetic research.
   Yes  No

5. I agree for my child’s surplus tissue to be used for medical research.
   Yes  No

___________________________________
Name of Child
Signature of child (if appropriate)

___________________________________
Name of Parent/Guardian
Signature of Parent/Guardian

Date / /
Word Puzzle

Helping to develop better treatments for children in the future.

ALLERGY
BODY
DOCTOR
HEART
LUNGS
OXYGEN
VIRUS

BACTERIA
COLD
EXERCISE
HOSPITAL
MEDICINE
STRESS
WATER

BLOOD
DISEASE
FOOD
HYGIENE
NURSE
SYMPTOMS