

**INFORMED CONSENT TO PARTICIPATE IN A CLINICAL RESEARCH STUDY**

**Study Title:** Blood Collection for Non-therapeutic Research

**Sponsor:** [REDACTED]

**Protocol Number:** 601-01

**Protocol Date:** January 24, 2011

**Principal Investigator:** [REDACTED]

**24-Hour Phone Number:** [REDACTED]

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Client Information for Informed Consent  
**DONATION OF BLOOD FOR MEDICAL  
RESEARCH, EDUCATION, [REDACTED]**

Research using donated blood is currently underway to uncover the causes of and ultimately find cures for things like: Heart Disease, Diabetes, Parkinson's Disease, Sickle Cell Anemia, Leukemia, Lymphoma, Cancer, Spinal Cord Disease, and many more. Blood obtained as a result of donation from someone with certain diseases such as Rheumatoid Arthritis or Multiple Sclerosis may contain cells that can be studied to discover cures for those diseases. Before you give your consent to donate a blood sample, read each of the following statements. If there is any statement you do not understand, or if you have any questions, someone will discuss them with you. Your participation is entirely voluntary.

I agree to donate a blood sample as a bodily gift to be used for the advancement of medical science. I also agree that a sample of my blood may be taken, and that it may be used for routine testing for AIDS, hepatitis, or other infectious agents. I understand that, if there is testing, the results will be confidential unless the law requires that they be disclosed. The benefits of consenting to donation today include furthering medical research in finding cures for diseases like diabetes, leukemia, lymphoma, Parkinson's disease and more. The risks to this donation are minimal in that your clinic visit will not change in any way; your health information will be protected at all times; and most blood donors have only minor discomfort from the needle stick, although some people may have a light-headed feeling, an upset stomach, bruising, or pain where the needle stick was. The alternative to this donation is to refuse consent.

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I understand the donation is made without any restriction regarding who might receive the donated blood or for what research purpose it might be used. I have not been informed of the identity of any individual who will receive the blood that I am donating, and I understand that cells derived from the donation may be stored for years.

If you choose to participate, you will have your blood drawn by a trained phlebotomist or nurse. The amount is small, usually 450ml which is about 1.5 cups. You will have no responsibilities once you leave the clinic.

In accordance with federal laws (HIPAA), your personal identifying information will be protected and not connected with your donation once the procedure is completed. Your health information related to this study, may be used or disclosed in connection with this research study, including, but not limited to, your age, ethnicity, and medical history. All of this information will NOT be connected to your name or any other personal identifier.

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**CONSENT**

You have the right to withdraw your donation at any time while in the clinic. Since your donation is completely ANONYMOUS, you cannot withdraw your donation once you leave the clinic as it will no longer be possible to know which donation was yours.

I understand there will be no payment to me for the donated blood or for any product, process or service that may result from this donation.

I understand the clinic visit cannot and will not be substantively altered for the purpose of obtaining the blood. I understand that I may refuse to donate blood, and this will not affect my current medical care or my ability to get any future medical services at this clinic.

I understand that, if I have any questions about my donation, I can contact [REDACTED]

By signing below, I agree to donate blood as described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR CALIFORNIA RESIDENTS ONLY**  
**EXPERIMENTAL SUBJECT'S BILL OF RIGHTS**

Any person who is requested to consent to participate as a subject in a research study involving a medical experiment, or who is requested to consent on behalf of another, has the right to:

1. Be informed of the nature and purpose of the experiment.
2. Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be used.
3. Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.
4. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.
5. Be given a disclosure of any appropriate alternative procedures, drugs, or devices that might be advantageous to the subject, and their relative risks and benefits.
6. Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.
7. Be given an opportunity to ask any questions concerning the experiment or other procedures involved.
8. Be instructed that consent to participate in the medical experiment may be withdrawn at any time, and the subject may discontinue participation in the medical experiment without prejudice.
9. Be given a copy of a signed and dated written consent form when one is required.
10. Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.

\_\_\_\_\_  
Printed Name of Subject

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

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