



جامعة الإمام عبد الرحمن بن فيصل  
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY  
معهد الأبحاث والاستشارات الطبية  
Institute for Research and Medical Consultations

## CONSENT TO OBTAIN A SPECIMEN FOR ANALYSIS/BIOBANK STORAGE/RESEARCH PURPOSES

Patient's First Name:	Last Name:
Age:	Male: Female:
Patient National ID/Iqama:	Marital Status:
Physician Name & ID:	Physician's ID Number:
MRN:/ID No.:	Hospital Name:
<b>SAMPLE (SPECIMEN) TYPE</b>	
<input type="checkbox"/> Amniotic Fluid	<input type="checkbox"/> Chronic Villus Sample
<input type="checkbox"/> Blood	<input type="checkbox"/> Skin
<input type="checkbox"/> Tissue	<input type="checkbox"/> Urine/Stool
<input type="checkbox"/> Saliva/ Hair/ Nail	<input type="checkbox"/> Other_____ (Please specify)
<b>Sample for</b>	
<input type="checkbox"/> Analysis Purposes only	<input type="checkbox"/> Analysis, Biobank storage & Research
<input type="checkbox"/> Analysis & Biobank storage	<input type="checkbox"/> Biobank storage & Research Other_____ (Please specify)

To get the application (IRMC.07) in word  
scan the following barcode:





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1. The reason, procedures and benefits of this testing have been explained to me.
2. I have been informed about the risks and limitations involved in the testing.
3. I have discussed the testing in depth with my physician and/ or healthcare provider and I understand that there may be some potential medical, psychological and insurance issues for my family and myself.
4. The meaning of possible test results have been explained to me and I have been informed how I will receive the results.
5. I have been informed about who may have access to my biological sample and that any leftover sample may be retained in the laboratory for later Research use (if you agree to give sample for biobank storage / research please fill the detail form).
6. I have been informed on who may have access to my test results and that all results will be kept confidential.
7. All my questions have been answered to my satisfaction.
8. My physician has explained to me that there may be secondary results and I have been informed how these secondary results will be conveyed to me.
9. I have been given a contact number to contact in the event of emergency or further questions.
10. I have been given written information explaining testing in detail.

Dear IRMC,

I am submitting patient sample(s) for **Analysis /biobank storage/Research Purpose at IRMC.** The NCBE based bioethics policy and procedures have been clearly explained to the patient in detail. I declare that the collected sample(s) is based on the National committee of Bioethics (NCBE)& Standing Committee for Research Ethics on Living Creatures(SCRELC) rules and regulation. I clearly understood the NCBE guidelines related to sample **analysis/ biobank storage/Research Purpose.** *\*Please strikethrough the options not agreed by the patient.*

**Name and signature of the Patient :**

**Date :**

**Name and signature of the Clinician :**

**Date**

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### IRMC Office Use

IRMC File Number:

Liaison Office Director's Name:

Date:

Signature:

Biobank Office Director's Name:

Date:

Signature:

Head of the Department's Name: (Sample Analyzing Department)

Researcher's Name:

Pathologist's Name:

Signature with date:

Signature with date:

Director of IRMC

Signature with date:

**Note: All Analysis, biobank storage and research methods have to be based on the NCBE and SCRELC guidelines.**

*All parties involved should maintain confidentiality/privacy of the patient.*

*All parties should be aware and follow NCBE and SCRELC guidelines.*

*If the sample is used for Biobank storage and research purposes, the patient should approve and complete the attached consent form.*

*The IRMC committee should be informed about the samples collected for Research, analysis and/or storage once a month.*

Based on Article 20.1-20.6, all parents of minors must sign this form on behalf of the minors donating samples

For more information

<http://www.kacst.edu.sa/enq/Maarifah/Policies/Documents/Research%20Bioethics%20Regulations.pdf>

[https://www.uod.edu.sa/sites/default/files/resources/implementing\\_regulations\\_o.pdf](https://www.uod.edu.sa/sites/default/files/resources/implementing_regulations_o.pdf)

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