

Hospital logo

CHILDREN'S CANCER INSTITUTE

MINIMUM RESIDUAL DISEASE TESTING AND BANKING OF SPECIMENS FOR FUTURE RESEARCH

PARENT/GUARDIAN INFORMATION STATEMENT

Your child's doctor or clinical trials centre has requested that Children's Cancer Institute performs some tests to measure minimum residual disease (MRD) for your child. 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 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 child's doctor and the clinical trials centre if applicable, and your child's 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 Human Research Ethics Committee (HREC) approved medical research. Most research will not show results for a considerable period and there will be no direct medical value to your child. The use of your child's 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 child's samples for future testing or research is up to you. If you decide to let us keep left over sample(s) (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 child's sample have agreed to provide the results to the Tumour Bank Management Committee. If information becomes available, you and your child 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 about these findings by ticking the option on the consent form.

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

Your child's sample(s) will not be sold and will only be used for: 1) tests that your child's doctor requests including MRD testing, 2) quality control purposes or 3) cancer research. Although research conducted using your child's 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 child's 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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PARENT/GUARDIAN CONSENT FORM

their interpretation.	esults will be provided to my child	d's doctor who is responsible
I freely consent to MRD testi	ing for my child.	Yes 🗆 No
future testing if requested by	s left over after testing will be stored by my child's doctor or for future ll specimens collected from the d	research approved by an et
I freely consent to storage of	my child's samples and their us	se in research. Yes 🗌 No
	on aspects of my child's health nept confidential and may be update	•
I freely consent to the provis	sion of information about my chi	ild's health. Yes □ No
I agree to be informed of any	new information that may benefit	it or reduce the risk to my ch
my family or my community r	Ç	_
	esulting from research on my child tacted by the medical staff in the	e future. Yes 🗆 No
I freely consent to being cont	tacted by the medical staff in the	e future. Yes 🗆 No
I freely consent to being contact Name of Child	tacted by the medical staff in the	e future. Yes 🗆 No
I freely consent to being contact Name of Child Medical Record Number	tacted by the medical staff in the	e future. Yes No
I freely consent to being contact Name of Child Medical Record Number Signature of Parent/Guardian	Tacted by the medical staff in the Date of first add Hospital Name of Parent/Guardian Name of Witness	e future. Yes \(\text{No.} \) mission Date

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REVOCATION OF CONSENT

☐ I hereby WITHDRAW my consent for future understand that such withdrawal WILL NOT make any medical attendants.	•	•
Name of Patient:		
Date of Birth:		
Signature of Parent/Guardian	Date	
The section for Revocation of Consent can be given t The Scientific Services Manager, Children's Cancer Institute, C25 Lowy Cancer Research Centre, UNSW, PO Box 81, Randwick, NSW 2031, Australia.	o your child's doctor for forwardir	ng to

Fax 02 9662 6584