

Volunteer agreement to investigation or treatment

Tissue typing: Donating a blood sample

Authors: Tissue Typing Laboratory

Brief description:

- We would like you to consider donating a blood sample to help with the clinical tests carried out by the Tissue Typing Laboratory. The purpose of the test is to aid the care and treatment of patients who require a kidney, pancreas, heart or lung transplant. This is not a research project, but a well documented clinical laboratory procedure.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

You will be asked to read this form carefully and your doctor (or another appropriate health professional) will sign it with you to document your consent.

- All our consent forms are available on the Addenbrooke’s website:
<http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke’s intranet site
<http://www.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the volunteer have any special requirements?

(For example, requires an interpreter or other additional communication method)

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Identifying antibodies for patients awaiting an organ transplant

Patients who are waiting for a kidney or heart/lung transplant sometimes produce antibodies in their blood because they have rejected a previous organ transplant, or had previous blood transfusions or a pregnancy. When a patient receives an organ transplant, these antibodies can bind to and rapidly reject the transplanted donor organ.

In the Tissue Typing Laboratory, we regularly test the blood of patients who are on the transplant list to detect these antibodies. To do this, we require white blood cells from blood given by volunteers. This information helps us decide if a potential organ donor is suitable for a particular patient.

Why do you want to take a blood sample from me?

You have been asked to give a small blood sample for either of the following reasons:

- To accurately identify antibodies that might cause the loss of a transplanted organ, we need to use white blood cells from as many volunteers as possible. It is especially important that our volunteers come from a wide range of ethnic groups, because tissue types vary between different populations.
- Sometimes it is difficult to obtain enough white blood cells from the blood of volunteers. If you have B-cell chronic lymphocytic leukaemia (CLL), you may have a higher number of white cells in your blood than normal, and this is why you have been asked to donate an additional blood sample.

What are the potential benefits?

You will not benefit from this directly. You will be indirectly helping people who are waiting for a transplant.

Do I have to volunteer?

You do not have to donate a blood sample if you do not want to. You have the right to change your mind about donating blood at any time and do not need to explain why.

Will I get the results of the laboratory tests?

The results from our tests will be associated with the care of transplant patients. Therefore, for confidentiality reasons, we cannot make the results available to you. Your blood sample will be coded (so that your name will not be visible to the tester) for confidentiality purposes.

Virology testing

These volunteer blood samples are not routinely virology tested (tested for blood-borne viruses). In the unlikely event that a member of laboratory staff suffers a needle-stick injury while processing your blood sample, the sample will be anonymised (so that the volunteers name will not be visible to the tester) and coded (so that we can assimilate virology results to a particular volunteer) and tested for Hepatitis B, Hepatitis C and human immunodeficiency virus (HIV).

This will tell us if that member of staff is at risk of infection. If the results are negative for these viruses, no further action is taken. If any of the virology results are positive, we offer you three options:

1. we will not inform anyone; or
2. we can inform you directly; or
3. we will inform your general practitioner (GP).

There is a space at the end of the consent form for you to indicate your choice and fill in details of your GP.

Serious or frequently occurring risks

There are no risks to you from having this blood sample taken.

Information and support

If at any time you want to discuss this further, please contact: Dr Craig Taylor, Consultant Clinical Scientist in the Tissue Typing laboratory, Tel: 01223 217 741 (hospital extension 3741); E-mail: craig.taylor@addenbrookes.nhs.uk.

What do I need to do to take part?

If you decide that you wish to volunteer a blood sample, please sign the following pages of the consent form. 10 ml of blood (one standard blood-test tube) will be taken. If you have a particularly useful tissue type, you may at a future time be asked for another blood sample. This time, a slightly larger 60 ml sample (six blood-test tubes) may be taken.



We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking Helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

Authors	Clinical Scientist
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number	01223 217739
Publish/Review date	November 2011/November 2014
File name	CF173_tissue_typing.doc
Version number/Ref	3/CF173

Consent form 3

Volunteer agreement to investigation or treatment

Responsible health professional:

<p>For staff use only:</p> <p>Surname:</p> <p>First names:</p> <p>Date of birth:</p> <p>Hospital no:</p> <p>Male/Female:</p>
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Name (PRINT): **Job title:**

Special requirements.....
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Tissue typing - donating a blood sample

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure
You will not benefit from this directly. You will be indirectly helping people who are waiting for a transplant.
- Any serious or frequently occurring risks from the procedures including those specific to the patient.
There are no risks to you from having this blood sample taken.
- I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.
- The following information leaflet has been provided:
"Tissue typing: Donating a blood sample"
Version 3/November 2011/CF173

Health professional's signature..... **Date:**

Name (PRINT): **Job title:**

Contact details (if the volunteer wishes to discuss details later) Tissue Typing Laboratory
01223 217 739.

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature **Date:**

Name (PRINT):

Copy accepted by volunteer: yes / no (please circle)

Statement of volunteer/person with parental responsibility for volunteer

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The Addenbrooke's staff are here to help you.

You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please tick boxes to indicate you understand and either agree/disagree to the statements below.

- | | Yes | No |
|--|--------------------------|--------------------------|
| I agree to the procedure described on this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience. | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to my blood being tested if necessary for blood borne viruses including Hepatitis B, Hepatitis C and human immunodeficiency virus (HIV).
Choose one of the following: - | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. If any of these tests give a positive result, I do not want to be informed. | <input type="checkbox"/> | |
| 2. If any of these tests give a positive result, I want to be informed directly, and further advice and follow up arranged as necessary. | <input type="checkbox"/> | |
| 3. If any of these tests give a positive result, I want you to inform my GP, and further advice and follow up arranged as necessary. | <input type="checkbox"/> | |

Please fill in the name and surgery address of your GP below:

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I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Volunteer's own signature: **Date:**

Name (PRINT):

Important notes: (tick if applicable)

The volunteer has withdrawn consent (ask volunteer to sign/date here)

Volunteer's own signature: **Date:**