



Centre Number:  
Study Number:  
Patient Identification Number for this trial:



## PATIENT CONSENT FORM

### The influence of age, sex and disease on bone marrow cells

Name of Researcher: Dr. Paul G. Genever

- |  | <b>Please<br/>initial box</b> |
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| 1. I confirm that I have read and understand the information sheet dated 23 <sup>rd</sup> January 2007 (version 1) for the above study. I have had the opportunity to consider the information, ask question and have had these answered satisfactorily. | <input type="text"/>          |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.  | <input type="text"/>          |
| 3. I agree to take part in the above study.  | <input type="text"/>          |
| 4. I agree to allow cells obtained from this study to be treated so that they will not get old as quickly as usual.  | <input type="text"/>          |

Name of Patient	Date	Signature
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Name of Person taking consent (if different from researcher)	Date	Signature
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Researcher	Date	Signature
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