**Research Database for Hematopoietic Cell Transplantation and Cellular Therapies**

# Adult Research Consent Form and Parent/Legal Guardian Permission Form

**Autologous Recipient**

The word “you” throughout this form refers to you or your child.

## **Invitation and Purpose**

We invite you to take part in a Research Database. The Research Database is managed by the CIBMTR®. CIBMTR stands for Center for International Blood and Marrow Transplant Research. It is a research collaboration of the National Marrow Donor Program (NMDP)/Be The Match® and the Medical College of Wisconsin. The CIBMTR does research with healthcare data from patients who have had a transplant or other cellular therapy and donors who donate bone marrow or peripheral blood stem cells (PBSCs).

We are trying to learn more about what makes transplants and other cellular therapies work well. If you join, your data may be included in a variety of studies about transplant and cellular therapies. We may not know the exact studies that will use your data at this time, but they are studies look at things like:

* How well recipients recover from transplant or cellular therapy;
* How to make the recovery better;
* How a donor’s or recipient’s genetics affect recovery;
* How patients can get better access to transplant or cellular therapy;
* How well donors recover from donating.

### **What to Expect**

You’d give information to us

Before we get your healthcare information, we will create a unique identification number (ID) for you. To create this ID, we’ll need 3 things from you:

1. Your Social Security Number
2. Your mother’s maiden name
3. Your birth place (city, state, country)

Your ID will not include any information that could identify you. Giving this information to us helps us make sure your data is entered under your ID. We will not share this information with anyone. You have a choice about whether this information will be shared with us.

I will allow the following information to be used to register my transplant or cellular therapy with the CIBMTR (check any or all):

[ ]  Social Security Number

[ ]  Mother’s maiden name

[ ]  Birth place (city, state, country)

or

[ ]  None of the above

Your treatment center sends your data to us

Before your transplant or cellular therapy, your treatment center will send your healthcare information to us, including your diagnosis, medical procedure codes, any tests done, and other healthcare services. This would happen regardless of whether you join the Research Database. If you join the Research Database, your treatment center will also send us data after your transplant or cellular therapy, and once a year for the rest of your life. If you join the Research Database, your data will be used in research studies.

Your transplant-related or cellular therapy-related data may be shared with:

* Researchers,
* Partner organizations, or
* Other registries outside the CIBMTR.

The data that is shared will not include any information that could identify you. All research studies must be approved by us before using the data. The studies will also be reviewed to make sure the research matches the types of studies in section 1 above.

1. **Possible Risks and Benefits**

There are no physical risks to you if you take part in the study.

There is a small risk that an unauthorized person could find out which data are yours. Your treatment center and the CIBMTR have procedures in place to keep your data private. No identifiable information about you will be given to the researchers, nor will it be published or presented at scientific meetings.

You will not benefit by taking part in the Research Database. You will not directly receive any results generated from this research. However, this research may help future patients who need a transplant or cellular therapy.

### **Confidentiality and Use of Information**

Your privacy is important to us. We will make every effort to protect it. Your treatment center and the CIBMTR will not intentionally tell anyone that you are taking part in the Research Database. Your treatment center and the CIBMTR have procedures in place so that no one outside the CIBMTR will know which data are yours.

The CIBMTR, the Food and Drug Administration (FDA), or other US government agencies may ask your treatment center if they can look in your medical record. These data reviews are done from time to time to make sure that the data in the Research Database are correct. When you agree to take part in the Research Database, you agree to these reviews, which may include copying parts of your medical record.

A description of this clinical study is available on [http://www.ClinicalTrials.gov](https://www.clinicaltrials.gov/ct2/show/NCT01166009?term=NCT01166009&draw=2&rank=1), Identifier: NCT01166009, as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time. You will not receive any results generated from this research.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. Researchers can protect your information if there is a court case. However, some of your healthcare information may be shared if required by law. If this happens, the researchers will do their best to make sure that any information that goes out to others will **not** identify you.

Your confidentiality is one of our main concerns. We will do our best to make sure that the personal information in your medical record is kept confidential (private). However, we cannot promise total privacy.

To make sure the study is running ethically, some government agencies or other groups may need to access part of your medical records. For this study, those groups include:

* Center for International Blood & Marrow Transplant Research (CIBMTR)
* Institutional review board (IRB) or ethics committee
* Health Resources and Services Administration (HRSA)
* Food and Drug Administration (FDA)
* U.S. government agency sponsor

Researchers may place some of your health information into research databases, where it is stored along with information from other studies. It can be accessed by researchers outside the CIBMTR, who study the combined information to learn more about health and disease. They may be able to see and use your information, but it will **not** identify you.

CIBMTR may sell the use of your data to other organizations such as drug companies. These organizations may use the data to help create new products or treatments for patients. Any data that are sold or shared outside the CIBMTR will **not** include any information that could identify you. Your data will always be combined with the data of other participants in the Research Database before it is shared or sold. Your data are only useful in research when combined with other data. You and other participants will not receive any money or other benefit from any products or therapies developed from research that included your data.

### **Reimbursement and Cost**

You will not be paid for taking part in the Research Database. It will also not cost you anything to take part in the Research Database.

### **Your Right to Join or Leave the Research Database**

It is up to you if you want to join the Research Database. If you choose **not** to be in the Research Database, it won’t affect your regular medical care in any way. You will receive treatment, but your data will not be included in research studies.

If you decide to take part in the Research Database, you may change your mind and leave at any time. If you leave, your information will not be included in any future research studies. This will not affect your relationship with your treatment centeror the CIBMTR.

### **Questions or Concerns**

You have the right to ask questions about the study at any time.

If you have questions, concerns, or complaints about the Research Database, please contact:

* *(Treatment Center Physician)* at *(telephone number)*

If you want to talk with someone not directly involved in the study, or have any complaints or questions about your rights as a research participant, please contact:

* The NMDP Institutional Review Board Administrator at: 1 (800) 526-7809

For information or support, please contact the Be The Match® Patient Support Center:

* Call or text: 1 (888) 999-6743
* Email: patientinfo@nmdp.org

You will be given a copy of this consent form for your records.

1. **Permission to Contact You About Future Research**

Can the CIBMTR contact you in the future to tell you about research studies you may be able to join?

Please tell your treatment center if your contact information changes. If it is not accurate, we may use an internet-based search service to find you. By checking “yes” you allow the CIBMTR to search public and non-public information to try to contact you.

[ ]  **Yes**, CIBMTR can contact me [ ]  **No,** CIBMTR cannot contact me.

**I confirm that I:**

* Have read this consent form
* Have had the chance to ask questions
* Freely agree to join the Research Database. My data may be used in research studies as defined in this consent form.

Printed Participant Name

Participant Signature (or Parent/Guardian Signature) Date (MM/DD/YYYY)

Printed Parent/Guardian Name (if participant is <18 years old)

**Healthcare Professional Certification**

I certify that I have provided a verbal explanation of the details of the Research Database. I believe the participant has understood the information provided.

Healthcare Professional Name

Healthcare Professional Signature Date (MM/DD/YYYY)

**Use of an Interpreter:** Complete if the subject is not fluent in English, an interpreter was used to obtain consent, and IRB approves a non-English short form to be used:

Interpreter Signature:

Printed Interpreter Name:

Date (DD/MM/YYYY):

An oral translation of this document was administered to the subject in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state language) by an individual proficient in English and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state language). See the attached short form for documentation.

**Use of a Witness:** Complete if the subject is unable to read and/or write but can otherwise communicate and/or comprehend English (e.g. blind, physically unable to write, etc.) or when an interpreter was used but is not physically present (e.g. a language line is used):

**Declaration of witness:**

By signing below, I confirm I was present for the entire consent process. The method used for communication with the subject was

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Witness Signature:

Printed Witness Name:

Date (DD/MM/YYYY):