

Biobanking Sample Collection Consent Form

Participant Information

Full Name

Date of Birth

Address

Email

Phone Number

Sample Collection Details

Type of Sample(s) to be Collected

Purpose of Collection

Consent

Please indicate your consent:

- ☐ I consent to the storage of my biological samples in the biobank.
- ☐ I consent to the use of my samples and related data for research purposes.
- ☐ I consent to sharing anonymized data with approved research partners.
- ☐ I understand that I may withdraw my consent at any time.

Signature of Participant

Date

Name of Witness

Signature of Witness

Date