**Research Database for Hematopoietic Cell Transplantation, Other Cellular Therapies and Marrow Toxic Injuries**

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

**Marrow Toxic Injury Patient**

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). The goal of this research is to find ways to make bone marrow and PBSC transplants and other cellular therapies work better.

You are being asked to participate because you have been exposed to radiation or other chemicals that have caused damage to your bone marrow and/or other organs.

We are trying to learn more about injuries to the bone marrow and other organs from exposure to radiation or chemicals. If you join, your data may be included in variety of studies. We may not know the exact studies that will use your data at this time, but they are studies that look at things like:

* The best treatments for people exposed to radiation or other chemicals;
* The long-term effects of exposure to radiation or other chemicals.

### **What to Expect**

If you join the Research Database, healthcare data about your radiation or chemical exposure and how it was treated will be sent to the CIBMTR. Your doctor will send data to the CIBMTR after your initial treatment for exposure to radiation or other chemicals and once a year for the rest of your life. Your data will be used in research studies; however, it 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 agree to take part in the study.

There is 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 have been exposed to radiation or other chemicals.

### **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 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 Office of Naval Research, or other government agencies may review your medical record and the data we have in order to make sure we have correct data. If 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. They 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 Costs**

You will not be paid for joining the Research Database. It will also not cost you anything to join.

### **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 to **not** 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 join 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 health care teamor 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](mailto:patientinfo@nmdp.org)

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

**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):