**Renji Hospital Affiliated to Shanghai Jiao Tong University School of Medicine Informed Consent Form for Sample Collection**

Date:yy/mm/dd No.xxxxxxxx

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Gender |  | Age |  |
| Hospital number | |  | Preoperative diagnosis | |  |

Dear customers:

You are invited to participate in the research project "Original Tumor Early Screening and Immunotherapy Technology Innovation and Demonstration Application" undertaken by Shanghai Jiao Tong University.

Under the premise of not affecting pathological diagnosis, clinical testing and treatment, blood samples and stool samples are collected at the same time of various inspections. The collected samples will be preserved at low temperature; at the same time, relevant clinical data will be collected before, during and after the operation.

Collecting and storing specimens is mainly used for scientific research in disease prevention, diagnosis and treatment. The collection of clinical data and samples has no income except the cost invested by the hospital, and no economic benefit to you. But future research results could suggest new treatments for your disease, may benefit you and others with the same disease.

The collected samples and relevant information will be stored in the projects of Shanghai Jiaotong University, and will be managed scientifically and standardizedly by professionals. You pay nothing for exploratory research on these remaining biological tissue samples during the collection and management of the samples. For the retrieved biological tissue samples, you have the full right to privacy. We will use a code to mark and replace your samples and your personal information, so that your information will not be identified by any other person who has access to the samples, so that Guarantee the security of your personal information to the greatest extent.

Participation is voluntary. If not to participate, it will not have any adverse effects on your treatment process in our hospital. If have any questions, you have the right to ask us questions.

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Patient signature page

I have read this informed consent form.

I had a chance to ask questions and all questions were answered. I understand that participation in this activity is entirely voluntary.

I understand that my sample and the collection of all information will be kept in full confidentiality to the extent permitted by law.

I can choose to withdraw from this program at any time without affecting any of my medical treatment and rights.

The Department of Colorectal Surgery, Renji Hospital Affiliated to Shanghai Jiaotong University School of Medicine will provide me with a signed and dated copy of the Informed Consent Form.

Signature of patient or client: Date:

Patient-client relationship: Date:

Signature of the doctor in charge Date: