

# Patient Consent

## **Patient or legal guardian must sign to begin processing.**

Specimens may be discarded six months after completion of testing. After clinical testing is complete, any remaining specimens may be used for research unless the box below is checked.

Check box and initial here \_\_\_\_\_ only if patient or legal guardian does **not** want specimens to be used for research.

The patient (or legal guardian) must read the Notice of Privacy Practices and Acknowledgment Form (NOPP) available in the Forms section of the City of Hope MDL website (<http://mdl.cityofhope.org>).

By signing below, I acknowledge that I have read and understand the above.

Patient Name (please print): \_\_\_\_\_

Legal Guardian (please print): \_\_\_\_\_

Patient or Legal Guardian Signature: \_\_\_\_\_