

Patient Consent Form for Donation of EQA Samples

To be completed by the patient:

- Have you read the information sheet about the EQA programme? Yes / No
- Have you been able to ask questions? Yes / No
- Have you received satisfactory answers to your questions? Yes / No
- Have you received adequate information to allow you to make a decision? Yes / No
- Do you understand that you are free to withdraw your consent at any time and that giving consent, or not, will in no way affect your future medical care? Yes / No
- Do you understand that material is anonymised after donation and will not be identifiable as coming from you? Yes / No
- Do you understand that any future results on this material will not be available in any circumstances, including test results for infections which have to be done to ensure that the material is safe to distribute? Yes / No
- Do you consent to your donation being used for the National EQA programme? Yes / No
- Would you be happy to **donate** again after 12 months? If so please contact us Yes / No

Signed..... Date:

Name (Block letters).....

Witness: Date:

I have explained the procedure and the use of material in the national EQA programme

Name: Designation: Date: