**Division of Nephrology**

**Biobanking Consent Form for Patients Undergoing Kidney Biopsy**

**INVESTIGATORS:** Dr. Daniel Muruve (Nephrology), Dr. Susan Samuel (Pediatric Nephrology), Dr. Hallgrimur Benediktsson (Pathology), Dr. Justin Chun (Nephrology) and the Division of Nephrology at the University of Calgary

As a patient at this University-affiliated kidney clinic undergoing a **kidney biopsy** in the near future, you have the opportunity to freeze one-time blood and urine samples in the kidney disease biorepository (Biobank for the Molecular Classification of Kidney Disease) which may be useful for your future care or research.

**PLEASE GIVE THIS FORM BACK TO YOUR NEPHROLOGIST.**

**1. Are you willing to donate a one-time blood and urine sample for storage in the kidney disease biorepository?**

*If you circle yes below, you are giving permission for authorized personnel of the Division of Nephrology or Calgary Lab Services to contact you and you agree to schedule a one-time sample collection which will be coordinated with your next routine lab appointment prior to your biopsy. Your samples will be de-identified, frozen, and stored within the renal biorepository and will only be accessed for your clinical care or for future research related to your diagnosis.*

□ **YES** □ **NO**

**2. If you said YES to the above**, you also have the opportunity to participate in the TARGET-KD Project.

*If you circle yes below, you are giving permission for authorized personnel of the Division of Nephrology to contact you regarding the TARGET-KD project and future research projects. You will be asked to sign an additional consent form, allowing us to collect more detailed information about your medical history and diagnoses. You also give permission to be contacted for up to 10 years for any research study for which you and/or your samples may be eligible.*

**Are you willing to be contacted to participate in the TARGET-KD Project and future research studies that could involve your blood and urine samples?**

□ **YES** □ **NO**

**WHAT ARE THE RISKS?** Providing a urine sample does not pose any direct risk to you. You will be given clear instructions and proper materials for the collection in a laboratory environment. Some known risks are associated with blood drawing, including minor pain, burning, fainting and the development of a bruise or infection at the needling site. Where possible, blood will be drawn at a time required for other purposes. The total amount of blood that would be drawn is about 30 mL (approximately 2 tablespoons).

**WILL I BENEFIT IF I TAKE PART?** If you agree to participate there may not be an immediate benefit to you. The main benefit will be the support of clinical research and precision medicine advances for kidney diseases, which require patient engagement and participation in research studies and biorepositories.

**DO I HAVE TO PARTICIPATE?** Your participation is entirely voluntary. You may withdraw your consent or your samples at any time by contacting the Precision Medicine in Nephrology Program Manager, Graciela Andonegui at [andonegu@ucalgary.ca](mailto:andonegu@ucalgary.ca) or (403) 210-7079. You will not be compensated for you participation.

**CONFIDENTIALITY:** All information about you and your condition will be strictly confidential and it will not be shared with anyone who is not approved to have access to your information. In order to keep your samples de-identified, all of your information within the biorepository will be stored with a unique identifier on a secure University of Calgary drive which is accessible only to authorized personnel in the Division of Nephrology. All de-identified material and data obtained from this study may be analyzed in future kidney disease research only or used by obtaining further consent from you in the manner subject to the terms of the specific study in question. The Conjoint Heath Research Ethics Board (CHREB) at the University of Calgary and other regulatory bodies may request access to our database to ensure compliance with their guidelines which your consent will allow access.

In the event that you suffer an injury as a result of participating in this research, no compensation will be provided to you by Dr. Muruve, the Division of Nephrology, the University of Calgary, Alberta Health Services or the Researchers. **You still have all your legal rights.** **Nothing said in this consent form alters your right** **to seek damages.**

**SIGNATURES:** Your signature indicates that you have understood to your satisfaction the information regarding your participation in the biobanking program and/or TARGET-KD. If you have further questions, please contact Dr. Daniel Muruve (403) 220-2418 or Graciela Andonegui at (403) 210-7097.

The University of Calgary Conjoint Health Research Ethics Board has approved this initiative. A signed copy of this consent form has been given to you to keep for your records and reference. **If you have any questions concerning your rights as a possible participant in this research, please contact The Chair of the Conjoint Health Research Ethics Board, University of Calgary, at 403-220-7990.**

**Participant’s Name (Print)** **Signature and Date**

**Participant’s E-mail Phone Number**

**Nephrologist**