

## CONSENT TO USE EXCESS SPECIMENS

This document applies to the following entities affiliated with Northwestern Memorial HealthCare (“NMHC”): Northwestern Memorial Hospital (“NMH”), Northwestern Lake Forest Hospital (“NLFH”), Northwestern Medical Group (“NMG”), and Northwestern Memorial Physicians Group (“NMPG”). Together, these entities are referred to as “NMHC Clinical Affiliates.”

If I should have a procedure or treatment that results in any excess tissue, fluids or specimens being removed from my body (“my specimens”), I have a choice in what happens to these specimens. This form allows me to make that choice.

Please check Box A *or* Box B below.

**A.** If I check this Box A, I agree that my specimens that would otherwise be disposed of by NMHC Clinical Affiliates may be used for such educational purposes and research, including research on the genetic materials (DNA). I understand that any research on my specimens will be done in a way that will not identify me. I also understand that there are no plans to compensate me in the event that such research involving my specimens results in new inventions that have commercial value.

**B.** If I check this Box B, I do not agree that my specimens that would otherwise be disposed of by NMHC Clinical Affiliates may be used for such educational purposes and research, including research on the genetic materials (DNA).

I HAVE READ this form and checked the box of my choosing above. I sign below as my free and voluntary act.

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Patient Name/Signature

Date

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Parent/Guardian/Legal Representative/Guarantor (circle one)

Date