

GIST COLLABORATIVE TISSUE BANK

CONSENT FORM A

I, _____,
(Print Participant's Name)

would like to participate in the Life Raft Group's GIST Collaborative Tissue Bank. By signing this document I am authorizing that paraffin blocks of my Gastrointestinal Stromal Tumor (GIST) are donated to this research program.

We are collaborating with Stanford University; Stanford, California under study protocol titled, **Molecular Characterization of GIST, Protocol ID 5667.**

I am requesting that the medical facility where the following surgery(s) were performed removing GIST tumors be donated to this program.

(Name of hospital/medical facility, City, State, and Country)

Date of Surgery

Tumor Site

Please send the paraffin block(s) and a copy of the corresponding pathology report to the following address:

**The Life Raft Group
Attn: The GIST Collaborative Tissue Bank
155 US Highway 46, Suite 202
Wayne, New Jersey 07470**

Upon completion of the research, any remaining tissue will be returned to you by the Life Raft Group. If you have any questions, please contact Denisse Montoya Patient Registry Director, 973-837-9092 ext 133.

Patient's Signature: _____

Date Signed: _____ Date of Birth: _____

Medical Record No.: _____
(Optional)



GIST COLLABORATIVE TISSUE BANK

CONSENT FORM B

I authorize Oregon Health Sciences University to send a report of my mutational analysis both to the Life Raft Group (LRG) and to my physician named below.

Physician Name: _____

Physician Address: _____

Phone number: _____

Fax number: _____

Email address: _____

Patient's Name: _____

Patient's Signature _____ Date _____