

The NIHR BioResource

Participant Consent Form V1.1 16/05/2017

Participant ID:

Please tick (✓) each box if you agree with the statement

You must tick all of the boxes to be eligible to take part in the NIHR BioResource

1. I confirm that I have read and understood the participant information leaflet version 2 dated 09/02/17 for the NIHR BioResource. I have had the opportunity to consider the information, ask questions and have had these answered fully.	<input type="checkbox"/>
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and without my medical care or legal rights being affected.	<input type="checkbox"/>
3. I agree to join the NIHR BioResource.	<input type="checkbox"/>
4. I agree to donate a small sample of blood and /or saliva for use in health-related research. I understand that my samples may be transferred between research institutions.	<input type="checkbox"/>
5. I give permission for the long-term anonymised storage of my blood/saliva samples (including cells and DNA) for health-related research purposes (even in the event of my incapacity or death), and relinquish all rights to these samples which I am donating to the BioResource. I understand my anonymised sample may be used in research without my further permission.	<input type="checkbox"/>
6. I understand that my samples will be tested as outlined in the information leaflet and this may include the reading of my entire DNA code.	<input type="checkbox"/>
7. I agree that any data produced by studying my sample and information about me may be included in publications and/or placed in an electronic archive with no connection to my name or other personal identifier. I understand that this archive will only be accessible to researchers on application, to ensure the results are only used to advance scientific and medical understanding.	<input type="checkbox"/>
8. I understand that this research may include the participation of commercial companies and that I will not benefit financially if this research leads to new treatments, inventions or medical tests.	<input type="checkbox"/>
9. I give permission for the NIHR BioResource to access my medical notes and other health-related records now and in the future. I understand that information from my medical notes and other health-related records may be used to provide information about my health status and I give permission for long-term anonymised storage of this and other information about me for health-related research purposes (even in the event of my incapacity or death).	<input type="checkbox"/>

<p>10. I agree for my personal details (names, date of birth) and contact details (address, phone numbers, email) to be stored in a secure database so I can be contacted by the BioResource team for possible participation in health-related research studies.</p>	<input type="checkbox"/>
<p>11. I understand that being contacted for possible participation in health-related research studies is based on the data held or accessed about me by the BioResource and the results of tests (including DNA markers) performed by the BioResource on my donated research samples. I will be provided with full information about these studies, when and if I am contacted. I understand that I am free to decide whether or not to take part in these studies.</p>	<input type="checkbox"/>
<p>12. In the unlikely event that an abnormality is picked up from tests carried out on my sample (for example anaemia), I agree to be contacted and for my clinical care team or GP be notified.</p>	<input type="checkbox"/>

Name of Participant (BLOCK CAPITALS) Date Signature

Name of Person taking consent Date Signature

SAMPLE