



## **CONSENT FORM**

### **MyBiobank**

**Investigator: Dr Rachel Smith**

#### **CONFIRMATION OF UNDERSTANDING OF THE INFORMATION PROVIDED**

I confirm that I have read and understood the information. I have had the opportunity to consider the information it contains. The risks and benefits of my participation have been discussed with me. I have had the chance to ask questions. These questions have been answered to my satisfaction.

I understand that my taking part is voluntary. I am free to withdraw at any time, without giving any reason and without affecting my present or future medical treatment.

#### **I agree to:**

-Undergo a physical examination, including:

- Providing blood samples.
- Answering a questionnaire about my health and lifestyle, family and medical history.
- Allowing staff to perform basic clinical measurements.

-Store my data and samples indefinitely. All samples will be kept in a secure. If the resource/biobank has to close they will be archived.

-Allow my personal information (data) contained in administrative health records to be examined now and in the future, even if I can no longer make decisions for myself, or after my death.

-Allow my personal and health information and of my anonymized samples of blood to be used for research purposes approved by the relevant research ethics committee.

-Allow MyBiobank to re-contact me in the future to invite me to participate in follow-up yes no

#### **ACCESS**

I understand that unless access is required by law or court order, only approved researchers will have access to the information and samples of the resource/biobank. Access to my samples and data is subject to ethics approval and oversight.

#### **RESULTS**

- My participation will not provide me with any direct personal benefits, but I understand that general research results are available.
- I wish to receive the measurements or other results taken during the clinical assessment. yes no

**AGREEMENT TO PARTICIPATE**

\_\_\_\_\_ has explained the consent to my satisfaction. I agree to participate and will receive a copy of this consent form after I sign it.

**PARTICIPANT INFORMATION**

**Name:**

**Signed :**

**Date:**

**INVESTIGATOR OR HIS/HER DESIGNEE CONFIRMATION**

I described the consent including the conditions of participation, to the participant. Any questions were answered. I explained that participation was voluntary.

**Investigator/Designee name:**

**Signed :**

**Date:**

**Enrollment Id:**