



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: