

The GENVASC Study			
GENETICS AND THE VAS	CULAR HEALTH	CHECK PRO	GRAMME

Patient name, address, Date of Birth (or ID label)	•••
(4	
Study Number:	

CONSENT SHEET FOR PARTICIPANTS 4.2 (12TH SEPTEMBER 2013)

Please initial the statements to indicate you agree

1.	I have read and understood the Abbreviated Participant Information Sheet version 3.0 dated 12 th			
	September 2013 and been given the Participant Information <u>Leaflet version 4.0 dated 12st</u>			
	September 2013.			
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2.	I agree to donate blood samples, and allow their use in cardiovascular research (including DNA			
	research). I understand that my donation is voluntary and that I will not receive any individual			
	feedback about the samples.			
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3.	I agree to my blood samples being stored for future cardiovascular research.			
4.	I agree to information from my medical records being stored and used for research. I understand			
	that my identity will be protected and my medical care remains confidential.			
5.	I understand the Research Sponsor and UK Authorities may access my records to audit the conduct			
	of the research			
6.	I agree that future details of my medical situation may be obtained from database searches using			
	my NHS number.			
Please initial the statement below to indicate you agree or X to indicate you disagree				
7.	OPTIONAL I consent to the research team being able to contact me in future if there are suitable			
	research projects I might wish to participate in. I understand I am under no obligation to agree at			
	the time of the request. My email address is:			

THE FIELDS BELOW (except signature) MUST BE HAND WRITTEN IN BLOCK CAPITALS

Patient Name:	(Print Name)	Person Taking Consent:	(Print Name)
		Position:	(eg, GP, Practice Nurse)
Signature:		Signature:	
Date:	(dd/mm/yyyy)	Date:	(dd/mm/yyyy)

Sheet1: site file, Sheet2: sample, Sheet3: GP medical notes, Sheet4: patient

Enquiries about the project can be made to:

Leicester Cardiovascular Biomedical Research Unit.

Department of Cardiovascular Sciences, Clinical Science Wing.
Glenfield Hospital, Groby Road. Leicester. LE3 9QP. UK

Telephone Number: 0116 2583385/2502429 // email: genvasc@le.ac.uk

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