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Practice C code

**The GENVASC Study**

**GENETICS AND THE VASCULAR HEALTH CHECK PROGRAMME**

UN-WITNESSED CONSENT SHEET FOR PARTICIPANTS V 1.1 12/09/2013

If you are happy to take part complete this form and bring it with you to your **next** appointment **(NHS Health Check or blood** **test appointment)** and give it to the person you see.

**Please tick the statements to indicate you agree**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Yes | | | | No |
| 1. | I have read and understood the Participant Information Leaflet version 4.0 dated 12Th September 2013 |  | | | |  |
|  |  |  | | | | |
| 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. |  | | |  | |
|  |  |  | | | | |
| 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. |  | |  | | |
|  |  |  | | | | |
| 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*)

Address:

Town:

Postcode:

Date of Birth:

Signature:

Date: (*dd/mm/yyyy*)

**Sheet1: sample, Sheet2: site file, 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 258 3385 email: [lcbru@le.ac.uk](mailto:lcbru@le.ac.uk)

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