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Practice C code

Patient name, address, Date of Birth (or ID label)

*Study Number:*

**The GENVASC Study**

**GENETICS AND THE VASCULAR HEALTH CHECK PROGRAMME**

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 12th September 2013 and been given the Participant Information Leaflet version 4.0 dated 12st 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. |  |
| **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: (P*rint 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](mailto:genvasc@le.ac.uk)

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