

## INFORMED CONSENT FORM FOR SUBJECTS ABLE TO GIVE CONSENT

### Idiopathic Pulmonary Fibrosis Job Exposure Study (IPF JES)

**Name of Principal Investigator:** \_\_\_\_\_

**Please initial box**

1. I confirm that I have read and understand the subject information sheet dated \_\_\_\_\_ version \_\_\_\_\_ for the above study and have had the opportunity to ask questions which have been answered fully. ☐
2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that sections of any of my medical notes may be looked at by responsible individuals from Imperial College London or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to access my records that are relevant to this research. ☐
4. I consent to being contacted by the research team. ☐
5. I consent to my interview being recorded. No ☐ Yes ☐
6. I consent to genetic testing as part of the research. ☐
7. I consent to storage of information and blood samples collected from me for future research. No ☐ Yes ☐
8. I consent to my GP and hospital care teams being informed of my participation in the research and, with my permission, of any clinically significant findings arising from the research. ☐

\_\_\_\_\_  
Name of subject

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Subject's date of birth

\_\_\_\_\_  
Name of person taking con-  
sent (if different from Princi-  
pal Investigator)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date