

INFORMED CONSENT FORM FOR SUBJECTS ABLE TO GIVE CONSENT

Idiopathic Pulmonary Fibrosis Job Exposure Study (IPF JES)

me of Principle Investiga	ator:	
		Please initial box
1. I confirm that I have r	ead and understand the subjoin for the abo	ect information sheet dated ve study and have had the
opportunity to ask que	stions which have been answe	red fully.
	participation is voluntary and I ny reason, without my medica	
sponsible individuals fr where it is relevant to r	ions of any of my medical not om Imperial College London o my taking part in this research ny records that are relevant to	r from regulatory authorities . I give permission for these
4. I consent to being cont	acted by the research team.	
5. I consent to my interview	ew being recorded.	No Yes
6. I consent to genetic tes	sting as part of the research.	
7. I consent to storage of research.	information and blood samples	collected from me for future
_	d hospital care teams being inf my permission, of any clinicall	
Name of subject	Signature	 Date
Subject's date of birth		
Name of person taking sent (if different from P ple Investigator)	•	Date

Bwrdd lechyd Prifysgol ABM yw enw gweithredu Bwrdd lechyd Lleol Prifysgol Abertawe Bro Morgannwg ABM University Health Board is the operational name of Abertawe Bro Morgannwg University Local Health Board Pencadlys ABM / ABM Headquarters, 1 Talbot Gateway, Port Talbot, SA12 7BR. Ffn / Tel: (01656) 752752 www.abm.wales.nhs.uk



IRAS Project ID: 203355 PIS v0.	2	WALES	University Health Board		
Principle Investigator	Signature			 Date	