

Participant Consent Form for the Scottish Family Health Study (SFHS)

SFHS TB Consent Form v1.1 22nd Feb 2010

Please read the following statements and circle Yes or No in response

I have read and understood the patient information leaflet [SFHS PIL v1.1 22nd Feb 2010].

Yes / No

I understand that I am free to leave the study at any time without giving a reason and this will not affect my medical care or legal rights in any way.

Yes / No

I have had an opportunity to discuss the study and to ask questions. All my questions have been answered to my satisfaction.

Yes / No

[The following items are core. If you do not consent to all of these, then we regret that we cannot include you in the Study].

I consent to:

- Having the information that I provide for the study stored on a confidential electronic database, to which investigators and responsible individuals from the research team will have access (with the proper approvals) for research and quality assurance purposes.
- Providing a blood/saliva and urine sample for analysis in a laboratory.
- Allowing transfer and storage of a specimen of my samples for analysis in medical research on the assumption that it is free of any legal claim on my part (such as there may be) and without expectation of personal financial gain.
- The information or samples that I provide being used for future medical research into health, illness and medical treatment as outlined in the Participant Information Leaflet. This would have to be approved by a properly constituted research ethics committee.
- The information or samples that I provide being used for the making of patent applications relating to the results of genetic studies. This will be without any payment to me, or my heirs, and without any individual acknowledgement of my contribution.
- The information or samples that I provide being used by the investigators and funding bodies (which have supported this study and which may have a financial interest in using the results of this study to develop diagnostic tests, new treatments or to target existing treatments more effectively) to develop collaborations which may involve commercial companies.

Yes / No

[The following items are optional. You can take part even if you do not consent to these].

I consent to:

- Answering questionnaires about my health, lifestyle and family history
- Allowing a member of the research team to perform clinical and psychological measurements
- Allowing audio recording during one of the questionnaires for the express purpose of quality control. Recordings will not be identified with your name, and destroyed 1 year after recording
- Having the following study results sent to my GP: blood pressure, weight, height, kidney function, blood glucose and cholesterol measurements and smoking status.
- Allowing the information I provide in this study to be put together with other parts of my medical records held by the NHS in Scotland (for example the results of past and future in-patient and out-patient hospitalisations), with the same access and purposes as above.
- Being contacted in the future by the SFHS team to discuss possible participation in further research arising directly from this study. I affirm that this will not commit me in any way to taking part in further research

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Participant Name
(CAPITALS):

Study Staff Name

Signature

Signature

Date

Date