

CONSENT FORM

Title: The London Life Science Population Study (LOLIPOP)
REC Ref: Version 7, December 2012
Researchers: Professor Jaspal S Kooner and Dr John C. Chambers

Please initial box

1. I confirm that I have read and understand the information sheet dated November 2012 (version 6) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that 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 if information collected or resulting from my sample is no longer able to be traced back to me, I cannot then withdraw my consent to the use of that anonymised information.
4. I agree to my GP being informed of my participation in the study
5. I would like to be informed of any medically relevant results arising from the study.
6. I give permission for access to my medical and other health related records, and for long term-storage and use of this and other information about me, for health related research purposes (even after my incapacity or death). This includes records held by the NHS (hospital, PCT and GP), the Information Centre, the General Register Office, as well as other health related databases.
7. I confirm that the blood, urine, saliva and stool samples I give will be treated as a gift or donation to the Ealing Hospital NHS Trust, and that I as donor will relinquish any rights in the specimen once donated.
8. I agree to future genetic studies being conducted on my samples, and for the entire genetic code from the sample to be deposited anonymously in open access (public) scientific databases on the internet. I understand that I will not be contacted directly for further permission.
9. I would like to be informed of the results of the genetic research if they have direct and significant relevance to my health.
10. I understand that I will not benefit financially if any of the research referred to in this form leads to the development of a new medical tests, treatments, or drugs or other financial benefit.
11. **I agree to be contacted and invited to participate in medical research studies based on the results obtained from my samples and information I provide or which has been retrieved from databases. I will be provided with full information about these studies, when and if I am contacted. I understand that I am free to decide whether or not to take part in these studies.**
12. I know how to contact the research team if I need to.
13. I agree to take part in the above study.

Name of Patient

Date

Signature

Name of Person taking consent

Date

Signature