

# Airwave Study Research Tissue Bank- Follow Up, Consent Form

Barcode

Please initial the boxes

I confirm that I have read and understood the information sheet version 3.0 dated 7 November 2018 for the Airwave Study Research Tissue Bank Follow-up and have had the opportunity to ask questions. These questions have been answered to my satisfaction.

1. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my future medical care or legal rights being affected.

2. I allow the research team to take health related measurements described in the information leaflet.

3. I agree to give a sample of urine, blood and/or saliva for medical research and for details about me and any samples I provide to be kept on a secure database.

4. I agree that the samples I have donated can be stored for long term for use in future medical research studies aimed at identifying and understanding the causes of diseases.

5. I agree that any clinical data or data from laboratory experiments performed using my samples may be made available to other research and health care groups in the public and private sector approved by the relevant research ethics committee .

6. I understand that information held by Health and Social Care Information Centre and other UK NHS bodies be used to keep in touch with me and follow up my health status in the long term. They may also provide access to my medical notes and other health-related records now and in the future, even if I can no longer make decisions for myself, or after my death.

7. I agree that no compensation will be given to me nor will funds be forthcoming to me due to any invention(s) resulting from research and development using my samples.

8. I agree to be contacted and invited to participate in other 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. I understand that I can stay in the research tissue bank even if I do not wish to be re-contacted. *(Optional)*

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Name of Participant (BLOCK CAPITALS)

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Date

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Signature

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Name of person taking consent

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Date

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Signature

Clinic Location \_\_\_\_\_