

Airwave Study Research Tissue Bank- Follow Up, Consent Form

Barcode

Please initial the boxes

1. I confirm that I have read and understood the information sheet version **xx** dated **dd/mm/yyyy** 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.
2. 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.
3. I allow the research team to take health related measurements described in the information sheet.
4. 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.
5. I agree that the samples I have donated can be stored long term for use in future medical research studies aimed at identifying and understanding diseases. I agree that the samples I have donated can be stored long term for use in future medical research studies aimed at identifying and understanding diseases.
6. I agree that any clinical data or any data generated from my samples may be made available to other research and health care groups in the public and private sector for research and development purposes subject to approval from the relevant research ethics committee, if required.
7. I understand that information held by NHS Digital and other organisations can 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 to ethically approved studies now and in the future, even if I can no longer make decisions for myself, or after my death.
8. 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.
9. 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*)

Name of Participant (BLOCK CAPITALS)

Date

Signature

Name of person taking consent

Date

Signature

Clinic Location _____