

PRACTICE CODE: _____

**The GENVASC Study
GENETICS AND THE VASCULAR HEALTH CHECK PROGRAMME**

NHS Number:
Study Number:

**CONSENT SHEET FOR PARTICIPANTS
4.2 (12TH SEPTEMBER 2013)**

Please initial the statements to indicate you agree

1.	I have read and understood the Abbreviated Participant Information Sheet version 3.0 dated 12 th September 2013 and been given the Participant Information Leaflet version 4.0 dated 12 st September 2013.	
2.	I agree to donate blood samples, and allow their use in cardiovascular research (including DNA research). I understand that my donation is voluntary and that I will not receive any individual feedback about the samples.	
3.	I agree to my blood samples being stored for future cardiovascular research.	
4.	I agree to information from my medical records being stored and used for research. I understand that my identity will be protected and my medical care remains confidential.	
5.	I understand the Research Sponsor and UK Authorities may access my records to audit the conduct of the research	
6.	I agree that future details of my medical situation may be obtained from database searches using my NHS number.	
Please <u>initial</u> the statement below to indicate you agree or X to indicate you disagree		
7.	OPTIONAL I consent to the research team being able to contact me in future if there are suitable research projects I might wish to participate in. I understand I am under no obligation to agree at the time of the request. My email address is:	

THE FIELDS BELOW (except signature) MUST BE HAND WRITTEN IN BLOCK CAPITALS

Patient Name: _____ (Print Name) Person Taking Consent: _____ (Print Name)
 Position: _____ (eg, GP, Practice Nurse)
 Signature: _____ Signature: _____
 Date: _____ (dd/mm/yyyy) Date: _____ (dd/mm/yyyy)

Sheet1: site file, Sheet2: sample, Sheet3: GP medical notes, Sheet4: patient

Enquiries about the project can be made to:
 NIHR Leicester Biomedical Research Centre-Cardiovascular Theme.
 Department of Cardiovascular Sciences, Clinical Science Wing.
 Glenfield Hospital, Groby Road. Leicester. LE3 9QP. UK
 Telephone Number: 0116 2583385/2502429 // email: genvasc@le.ac.uk
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