

# National Institute for Health Research

Patient name, address, Date of Birth (or ID label)

Study Number:

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

### CONSENT SHEET FOR PARTICIPANTS 4.2 (12<sup>TH</sup> 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 <sup>th</sup> September 2013 and been given the Participant Information Leaflet version 4.0 dated 12 <sup>st</sup> 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.	
<b>Please <u>initial</u> the statement below to indicate you agree or X to indicate you disagree</b>		
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:

Leicester Cardiovascular Biomedical Research Unit.  
 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](mailto:genvasc@le.ac.uk)  
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