# aPpendix B: sample consent form

Remove any statements that are not applicable and guidance notes

Consent Form

Please mark your initials in the box after each statement to confirm it has been read and agreed to.

1. I have read and had explained to me by ………………………………..… the accompanying Information Sheet relating to the project on: ………………………………………………………………………………...

2. I have had explained to me the purposes of the project and what will be required of me, and any questions I have had have been answered to my satisfaction. I agree to the arrangements described in the Information Sheet in so far as they relate to my participation. [ ]

3. I have had explained to me what information will be collected about me, what it will be used for, who it may be shared with, how it will be kept safe, and my rights in relation to my data. [ ]

4. I understand that participation is entirely voluntary and that I have the right to withdraw from the project any time, and that this will be without detriment. [ ]

5 (a). I understand that the data collected from me in this study will be preserved and made available in anonymised form, so that they can be consulted and re-used by others. [ ]

Or (*delete whichever is inapplicable*)

5 (b). I understand that the data collected from me in this study will be preserved, and subject to safeguards will be made available to other authenticated researchers. [ ]  **\***

**(\*Guidance note only safeguards will include pseudonymisation, data minimisation, secure transfers, and any necessary data sharing and confidentiality agreements between parties)**

6. I understand that my {anonymised} data and/or samples to be used for this study / future research that will have received all relevant legal, professional and ethical approvals. [ ]

7. I understand that my {anonymised} data to be knowledge shared with other colleagues and other institutions. [ ]

8. I authorise the Investigator to a) consult my General Practitioner. b) I authorise my General Practitioner to disclose any information which may be relevant to my proposed participation in the project. [ ]  **\*\***

**(\*\*Guidance note only - If applicable Researcher to delete (a) and (b) if GP will not be contacted, or (b) if no response from GP is required a**))

9. This project has been reviewed by the University Research Ethics Committee and National Research Ethics committee where relevant, and has been given a favourable ethical opinion for conduct.

10. I have received a copy of this Consent Form and of the accompanying Information Sheet. [ ]

Name: ………………………………………………………………………………

Date of birth: ………………………………………………………………………

Signed: ……………………………………………...………………………………

Date: ………………………………………………………...………………………

I am happy to be included on a register of research participants for the purposes of being contacted about further studies by……………………………………………. Please mark with your initials [ ]  (optional)