

PRACTICE CODE: _____

The GENVASC Study
GENETICS AND THE VASCULAR HEALTH CHECK PROGRAMME
UN-WITNESSED CONSENT SHEET FOR PARTICIPANTS V 1.1 12/09/2013

If you are happy to take part complete this form and bring it with you to your **next** appointment (**NHS Health Check or blood test appointment**) and give it to the person you see.

Please tick the statements to indicate you agree

		Yes	No
1.	I have read and understood the Participant Information Leaflet version 4.0 dated 12 th 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.		
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)*

Address:

Town:

Postcode:

Date of Birth:

Signature:

Date: *(dd/mm/yyyy)*

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

Enquiries about the project can be made to:

Leicester Biomedical Research Centre-Cardiovascular Theme.
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