IRAS Reference Number: XXX

Participant Identification Number for this project :

**CONSENT FORM**

**Title of Project:**

*Please INITIAL each statement if it applies to you*

Control/ Study Group (please select)

Name of Researcher: XXXX

|  |  |
| --- | --- |
| 1. I confirm that I have read the information sheet dated DD/MM/YY (version X) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
 |  |
| 1. I understand that my participation in this study is voluntary.
 |  |
| 1. I understand that sections of any of my medical notes may be looked at by authorised research staff working on this study; and responsible individuals from (insert NHS site name) where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.
 |  |
| **[For projects involving interviews/questionnaires and focus group, select the ones that apply and amend text accordingly] Delete this section if it doesn’t apply to your study** |
| 1. I agree to take part in a [focus group/interviews] to discuss my views on [SPECIFY HERE] .

I understand that the [focus group/interview] will be audio recorded and notes will be taken. I understand that the [focus group/interviews] will be transcribed and anonymised to provide an accurate record of the conversation.  |  |
| 1. I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified in any reports or teaching material that result from the research
 |  |
| 1. I understand that, under the General Data Protection Regulation, I can at any time ask for access to the information I provide, and I can also request the destruction of that information if I wish.
 |  |
| **[For projects involving collection of human tissue samples, select the ones that apply and amend accordingly]****Delete this section if it doesn’t apply to your study** |
| 1. I understand that my surplus tissue / samples will be used for research as well as XXXX taken as part of my routine care.
 |  |
| 1. I ageed to give an additional blood sample, which may need to be collected in addition to my routine samples.
 |  |
| 1. I understand that the samples will have my identifiable on them during the transport to the laboratory where they will be anonymised.
 |  |
| 1. I understand that the study using the samples I give may include DNA extraction and analysis aimed at understanding the genetic influences on the disease and I understand that I will not receive any results
 |  |
| 1. I understand that my tissues / samples will be retained and used in a strictly anonymised fashion and may be passed in anonymised form to researchers outside of Swansea University, in the United Kingdom or abroad
 |  |
| 1. I understand that my samples may be used for commercial research in the future
 |  |
| 1. I understand that my samples may be used for research involving animals in the future
 |  |
| **For all projects** |
| 1. I have received enough information about the study.
 |  |
| 1. I understand that I am free to withdraw from the study at any time, without having to give a reason for withdrawing and without affecting my medical care and legal rights.
 |  |
| 1. I agree to take part in the above study.
 |  |

Name of Participant Date Signature

Name of Person Date Signature

taking consent

**Please give a copy to participant, researcher and keep a copy in the site file.**

**ONLY ADD IF ANIMAL STUDIES ARE PART OF THE PROTOCOL, if not delete this table.**

|  |
| --- |
| 1. I agree that part of the tissue biopsy can be used anonymously in animal (XXX) models for research purposes. (Please select your response)

YES □ NO □ Name of Participant Date Signature Name of Person Date Signaturetaking consent |