

My Healthy Heart

Participant consent form

Chief investigator: Professor Harry Hemingway

Thank you for reading the information sheet about the 'My Healthy Heart' study examination. Please read this consent form carefully and put your initials in the boxes by the items to which you agree or give your consent. Please put a line through the box if you do not wish to give your consent to a particular item.

Please initial boxes. Example:

 NF

<Affix patient unique study
identifier label here>

1. I have read and understand the information sheet dated 10th July 2012 (*version 1.2A*), and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
3. I understand that I may be contacted again by the study team (e.g. to answer some more questions and/or attend another assessment visit), but this is optional.
4. I give permission for long-term storage and use of my blood samples for health-related research purposes (even after my incapacity or death), and relinquish all rights to these samples which I am donating to the My Healthy Heart study.
5. I give permission for full access to my past, present and future medical and other health-related records, and for long-term storage and use of this and other information about me, for health-related research purposes (even after my incapacity or death). I understand that information held and managed by The Health and Social Care Information Centre and other central UK NHS bodies may be used in order to help contact me or provide information about my health status.

6. I understand that all research data will be anonymised in a form that will preclude me from being identified personally, and all data will be stored securely at the study co-ordinating centre.

7. I understand that none of my results will be given to me including my blood results.

8. I agree to take part in this study.

Name of participant (CAPITALS) SIGNATURE Date (dd/mm/yyyy)

Name of person taking consent SIGNATURE Date (dd/mm/yyyy)
(CAPITALS)