|  |  |  |
| --- | --- | --- |
|  |  | **CONSENT FORM****Participant Identification Number:\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **Title of Project:** |  |
| **Chief Investigator:** |  |
| **Study Number:** |  |

 **Please initial box**

|  |  |  |
| --- | --- | --- |
| 1. | I confirm that I have read, or had read to me, and understand the information sheet dated dd/mm/yyyy, version xx for the above study. I have had the opportunity to ask questions and these have been answered fully. |  |
| 2. | I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason and without my legal rights being affected. |  |
| 3. | I understand the study is being conducted by researchers from Queen’s University Belfast and that my personal information will be held securely on University premises and handled in accordance with the provisions of the Data Protection Act 2018. |  |
| 4. | I understand that data collected as part of this study may be looked at by authorized individuals from Queen’s University Belfast [and regulatory authorities] where it is relevant to my taking part in this research. I give permission for these individuals to have access to this information.  |  |
| 5. | I agree to take part in the above study. |  |
| X. | I agree to my GP being informed of my participation in the study [and to my GP/Consultant being informed of any abnormal test results]. |  |
| X. | I understand that the information I provide may be published as a report. Confidentiality and anonymity will be maintained and it will not be possible to identify me from any publications. |  |
| X. | I understand that this study is confidential but there are limits to this confidentiality. Revelations that are criminal [or in clear breach of good practice] may require confidentiality to be broken by the researchers. |  |
| X. | I understand that what is discussed during the [interviews or observations or focus group] is confidential with the exception that if I disclose information that indicates that I am at risk of harming myself or others, or in danger of being harmed by someone else, the researcher is legally obliged to pass on this information to [insert appropriate persons]. |  |
| X. | I understand the [interviews or observations or focus group] will be [tape recorded or video recorded] and there is a possibility of direct quotation being used in publications. |  |
| X. | I agree to gift my samples to Queen’s University Belfast and I consent to the storage and use of my sample for future research, including genetic analysis, transfer abroad and commercial research. I understand that I will not benefit financially from any research.  |  |
| X. | The potential benefits of keeping my [blood or other tissues] for future research have been explained to me and I consent to the storage and use of my [blood or other tissues] for future research, including genetic analysis, transfer abroad and commercial research. I understand that I will not benefit financially from any research. |  |
| X. | The potential benefits of keeping my blood or other tissues for future research have been explained to me and (please choose one)1. I consent to the storage and use of my blood or other tissues for future research, including genetic analysis, transfer abroad and commercial research.

**OR**1. I do not wish my blood or other tissues to be used for any purpose other than this study
 |  |
| X. | I agree to being contacted at a later date and invited to take part in future studies of a similar nature. I understand that I am only agreeing to receive information and I am under no obligation to take part in any future studies. If you decide not to consent to being contacted in the future it will not have any influence on your involvement in this particular research study [and will not affect any standard of care that you receive]. |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name of Participant (please print) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name of Person Taking Consent Signature Date

(please print)

Chief Investigator or Researcher Contact details: