

21.0 **Consent to follow up studies**

An important part of this study is to observe the future health of the people taking part. We are therefore seeking your permission to receive specific information related to heart disease and stroke, particularly from the records held by your general practitioner. All these details would be treated in **absolute confidence** by the Research Team.

Do you agree to us following your future health through your health records ?

₁ Agreed ₂ Not Agreed

We will arrange to have your blood sample checked for cholesterol and other factors which are important for heart disease risk. The results of these tests will be sent back to your doctor in the next four to five weeks. If any of the results give cause for concern, you will be asked to make an appointment with your doctor.

Do you agree to us passing the test results to your doctor ?

₁ Agreed ₂ Not Agreed

Part of your blood sample will be frozen and kept for special scientific studies of factors affecting heart disease risk, which may help us to understand how to prevent heart disease in the future. Among the factors we may need to study will be the way in which genetic factors affect heart disease risk.

Would you allow us to use your sample in this way ?

₁ Agreed ₂ Not Agreed

I agree to allow the Research Team to continue to study my health in accordance with the criteria above. I understand that any details recorded will be treated in complete confidence.

Signed: _____

Date: _____