

<p style="text-align: center;"><b>BRITISH REGIONAL HEART STUDY</b></p> <p style="text-align: center;"><b>CONSENT FORM</b></p>
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Dear Mr «SURNAME»,

As you know, we have been following your health and that of almost 8,000 other men since you joined the British Regional Heart Study more than 20 years ago. The information has been extremely valuable in contributing to our understanding and the prevention of heart disease and stroke in Britain.

Following the future health of all the men taking part remains a very important part of the study. However, because of new data protection laws, we are only able to continue to do this if you give us **specific written permission**.

In order to update your health record effectively, we need to obtain routine information from your family doctor and, where appropriate, from hospitals and several National Health Service agencies listed below\*. We are particularly concerned to know about illnesses of the heart and circulation, diabetes, cancer and other disabling conditions. Even if you do not have any of these conditions, the review of your medical records is of very great importance to us. The information we obtain is kept securely and is only seen by members of our small research team.

Your consent is entirely voluntary and can be withdrawn at any time and your medical care from the National Health Service will not be affected, whether or not you agree to our request.

Do you agree to allow us to follow your future health in this way?

Agreed

Not agreed

Please sign and date below

\_\_\_\_\_  
«FIRST\_NAME» «SECOND\_NAME» «SURNAME»

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

\*The agencies related to the National Health Service are:-

- the National Health Service Central Register
- the General Register Office
- the National Cancer Intelligence Centre
- the Primary Care Patient Registration Service

**Please return this form with the questionnaire in the envelope provided.**

THANK YOU VERY MUCH FOR YOUR HELP.