CONSENT

We will arrange to have your blood sample checked for cholesterol and other factors which are important for heart disease risk. The results of the blood tests and other measurements 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.

1. Do you agree	to us passing the test results to your doctor?
\square_1 Agreed	□ ₂ Not Agreed
affecting heart of	ood sample will be frozen and kept for special scientific studies of factors disease risk, which may help us to understand how to prevent heart disease mong the factors we may need to study will be the way in which genetic eart disease risk.
2. Would you all	low us to use your sample in this way?
\square_1 Agreed	\square_2 Not Agreed
study. However	Iture health of all the men taking part remains a very important part of the r, because of new data protection laws, we are only able to continue to do as specific written permission.
from your family Health Service illnesses of the hif you do not had great important	ate your health record effectively, we need to obtain routine informationally doctor and, where appropriate, from hospitals and several National agencies listed below*. We are particularly concerned to know about neart and circulation, diabetes, cancer and other disabling conditions. Even ave any of these conditions, the review of your medical records is of very the to us. The information we obtain is kept securely and is only seen by small research team.
3. Do you agree	to us following your future health through your health records?
\square_1 Agreed	□ ₂ Not Agreed
•	the Research Team to continue to study my health in accordance with the I understand that any details recorded will be treated in complete
Signed:	
Print name:	·
Date:	
-the NHS I -the Gene	ated to the National Health Service are:- Information Centre Iral Register Office Indianal Cancer Intelligence Centre

-the Primary Care Patient Registration Service