

**Station 3: BRHS CONSENT FORM**

Affix Label: Serno/batch

**BRITISH REGIONAL HEART STUDY ASSESSMENT 2018**

Please write your initials inside the box to indicate if you agree with each statement, or leave blank if you disagree.

	<b>AGREE</b>
<b>1.</b> I have read and understand the Information Leaflet, and have had the opportunity to ask questions.	<input type="checkbox"/>
<b>2.</b> I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.	<input type="checkbox"/>
<b>3.</b> I give permission for the results of the blood tests and the clinical measurements made today to be available to my doctor.	<input type="checkbox"/>
<b>4.</b> I give permission for long-term storage and use of my blood samples for health-related research purposes (even after my incapacity or death).	<input type="checkbox"/>
<b>5.</b> I am willing to continue with existing permissions for access to my medical and other health-related records*, and for long-term storage and use of this and other information about me, for <b>health-related research purposes</b> (even after my incapacity or death).	<input type="checkbox"/>
<b>6.</b> I give permissions for linkage to my dental care records	<input type="checkbox"/>
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 \_\_\_\_\_

Print name \_\_\_\_\_

Date: \_\_\_\_\_

Researcher: Initials \_\_\_\_\_

Date: \_\_\_\_\_

\*Medical and other health-related records from agencies related to the National Health Service: NHS Digital Hospital Episode Statistics (HES), Minimum Mental Health Dataset (MMHDS)- Diagnostic Imaging Dataset (DIDS)-, the General Register Office, Cancer Registry, Primary Care Patient Registration Service.