

P8158  
Version 2

**Health and lifestyles of people aged 50 and over  
 CONSENT BOOKLET - OFFICE COPY**

**Please use capital letters and write in ink**

**NAME/ADDRESS - WRITE IN:**

**ATTACH SERIAL NUMBER BAR CODE LABEL:**

RESPONDENT NAME:  
 ADDRESS:  
 POSTCODE:

1. Nurse number  2. Date schedule completed DAY MONTH YEAR

3. Full name (of person tested) \_\_\_\_\_

Name by which GP knows person (if different) \_\_\_\_\_

4. Sex Male  1 Female  2 5. Date of birth: DAY MONTH YEAR

6. **GP NAME AND ADDRESS**  
**Dr:** .....  
 Practice Name: .....  
**Address:** .....  
 .....  
 Town: .....  
 County: .....  
 Postcode: .....  
**Telephone no:** .....

7. **NURSE USE ONLY**

GP address complete 1  
 GP address incomplete 2  
 No GP 3

8. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure results to GP	01	02
b) Lung function results to GP	03	04
c) Sample of blood to be taken	05	06
d) Blood sample results to GP	07	08
e) Blood sample results to respondent	09	10
f) Blood sample for storage	11	12
g) Blood sample for DNA extraction and storage	13	14
h) Saliva sample to be collected	15	16

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## **CONSENT FORM 1 - Blood Pressure to GP**

I, (name) \_\_\_\_\_

consent to the National Centre for Social Research informing my General Practitioner (GP) of my blood pressure results. I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## **CONSENT FORM 2 - Lung Function to GP**

I, (name) \_\_\_\_\_

consent to the National Centre for Social Research informing my General Practitioner (GP) of my lung function results. I am aware that the results of my lung function measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## CONSENT FORM 3 - Blood samples

I, (*name*) \_\_\_\_\_

- a) consent to \_\_\_\_\_ (qualified nurse) taking a sample of my blood on behalf of the National Centre for Social Research/UCL. I understand that the sample will be analysed for total cholesterol, and other lipids (fats), glucose, glycated haemoglobin, measures of iron stores, inflammation and other hormones. This blood sample will not be used to test for HIV virus.

The nurse has explained the purpose and procedure to me and I have had an opportunity to discuss with him/her. I have received a written explanation of these matters.

Signed \_\_\_\_\_ Date \_\_\_\_\_

- b) I consent to the National Centre for Social Research/UCL informing my General Practitioner (GP) of the blood sample analysis results for total, LDL and HDL cholesterol, triglycerides, glucose, glycated haemoglobin, ferritin, haemoglobin, C-reactive protein and fibrinogen. I am aware that the results of my blood sample analysis may be used by my GP to help him/her monitor my health and that my GP may wish to include the results in any future report about me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

- c) I give my consent for samples of my blood to be stored and used in the future for medical research studies of common diseases and the ageing process. I understand that all blood test results and related information will be coded so I cannot be identified. Access to my name and address will be restricted to research team at the National Centre for Social Research through the use of a unique identification number. For purposes of scientific analyses, links to my name will be held separately and securely from any data collected. Only research approved by the study team and an independent NHS Research Ethics Committee will be allowed, now and in the future and the sample will not be tested for HIV

I understand that I may withdraw this consent (as described in the information leaflet) at any time by contacting the investigators in writing, without giving any reasons and at no penalty.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FORM 4 - Genetics study**

I (name) \_\_\_\_\_

consent to the extraction and storage of DNA from my blood sample for use in future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the DNA samples and related information will be coded so I cannot be identified, and used for non-commercial research purposes only, and that no information found in the DNA will be given to me. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons, and the DNA extracted from my blood samples will then be destroyed and any genetic data obtained from it will be deleted.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**CONSENT FORM 5 - Saliva sample**

I, (*name*) \_\_\_\_\_

give my consent to use of samples of my saliva for tests of cortisol and future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the saliva samples and related information will be coded so I cannot be identified, and used for non-commercial research purposes only, and will not be tested for HIV. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Venepuncture Check-List

<b>Consents:</b>	Obtained <input type="checkbox"/>	Not obtained <input type="checkbox"/>	<b>End</b>
<b>System used to take blood sample:</b>	Vacutainer <input type="checkbox"/>	Butterfly needle <input type="checkbox"/>	
<b>Is the respondent ...</b>	...Left handed? <input type="checkbox"/>	... Right handed? <input type="checkbox"/>	
<b>Which arm did you <u>use</u> to take blood?</b>	Left arm <input type="checkbox"/>	Right arm <input type="checkbox"/>	
<b>Skin condition on arm used:</b>	Skin intact <input type="checkbox"/>	Skin not intact <input type="checkbox"/>	
<b>Alcohol wipe:</b>	Alcohol wipe used <input type="checkbox"/>	Wipe not used <input type="checkbox"/>	
<b>Sample acquired on...</b>			
1 <sup>st</sup> attempt <input type="checkbox"/>	2 <sup>nd</sup> attempt <input type="checkbox"/>	Both attempts failed <input type="checkbox"/>	<b>End</b>

**What time was the blood taken?**  
(Please use 24 hour clock)

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<b>Was pressure applied over the puncture site immediately?</b>	Yes, applied immediately <input type="checkbox"/>	No, not applied immediately <input type="checkbox"/>	
<b>Who applied the pressure?</b>	Nurse <input type="checkbox"/>	Respondent <input type="checkbox"/>	

<b>Respondent skin sensitivity:</b>	Sensitive to tape/plaster <input type="checkbox"/>	Not sensitive to tape/plaster <input type="checkbox"/>	Not checked <input type="checkbox"/>
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**Any abnormality noted after 5 minutes:**

None <input type="checkbox"/>	Sensory deficit <input type="checkbox"/>	Haematoma <input type="checkbox"/>	Swelling <input type="checkbox"/>	Other <input type="checkbox"/>
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If **other**, please specify:

**Please describe action taken for any abnormality:**

<b>Was the puncture site rechecked before you left?</b>	Yes rechecked <input type="checkbox"/>	No, not rechecked <input type="checkbox"/>
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Thank you for completing this checklist. Please use the space overleaf for comments, or to tell us about any problems not already mentioned. Please return this form to the office.



THE ENGLISH LONGITUDINAL STUDY OF AGEING

**DESPATCH NOTE FOR BLOOD SAMPLES**  
(LABORATORY COPY - NEWCASTLE)

Complete all sections **CLEARLY** and **LEGIBLY** and enclose with samples to laboratory.

1. SERIAL NUMBER:  ATTACH BARCODE LABEL

2. SEX:            Male   
                      Female

3. BLOOD COLLECTED:    Day              Month              Year

4. TIME OF COLLECTION:    Hr              Min              (Use 24 hour clock)

5. NURSE NUMBER:

6. HAD RESPONDENT FASTED?  
    Yes   
    No

7. STORAGE CONSENT: BLOOD  
    Given   
    Not given

8. BLOOD COLLECTED (tick if successful):  
    RED   
    BLUE   
    GREY   
    PURPLE

**LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND**  
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

**FOR LAB USE ONLY**

TUBES ENCLOSED:		✓ if rec'd	ACTION REQUIRED
Plain 6ml	RED	<input type="checkbox"/>	Full lipid Profile Ferritin CRP (high sensitivity) ApoE
EDTA 4ml	PURPLE	<input type="checkbox"/>	Hb HBA1c
Citrate 1.8/2.7ml	BLUE INSERT	<input type="checkbox"/>	Fibrinogen
Fluoride 2ml	GREY	<input type="checkbox"/>	Glucose
EDTA 4mL x 2	PURPLE	<input type="checkbox"/>	Storage for subsequent DNA analysis