

P8096

**Health and lifestyles of people aged 50 and over
CONSENT BOOKLET**

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. Point number

4. Full name (of person tested) _____

Name by which GP knows person (if different) _____

5. Sex Male 1 Female 2 6. Date of birth: DAY MONTH YEAR

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

8. **NURSE USE ONLY**
GP address complete 1
GP address incomplete 2
No GP 3

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

BLOOD PRESSURE TO GP CONSENT

Serial number

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Ck

Person

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1. I 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.

Please write your initials on the line below if consent given

BLOOD SAMPLE CONSENT

Serial number

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Ck

Person

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1. I consent to a qualified nurse/midwife taking a sample of my blood on behalf of the National Centre for Social Research.

I understand that the sample will be analysed for total cholesterol, HDL cholesterol, fibrinogen, C-reactive protein, ferritin, glycated haemoglobin and haemoglobin, white cell count, Vitamin D, insulin-like growth factor 1 (IGF-1), and other hormones. This blood sample will not be used to test for the HIV virus. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her. I have received a written explanation of these matters.

Please write your initials on the line below if consent given

2. I consent to the National Centre for Social Research informing my General Practitioner (GP) of the blood sample analysis results. 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.

Please write your initials on the line below if consent given

3. I 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 the 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.

Please write your initials on the line below if consent given

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.

GENETICS CONSENT

(FOR REFRESHMENT SAMPLE ONLY)

Serial number

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Ck

Person

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1. I have read the information leaflet on the genetics studies or had it explained to me. I understand the arrangements and safeguards described for these studies.

I give my consent for a sample of my blood to be taken, stored and used in the genetic studies. I understand that the studies will cover:

- the causes, diagnosis or treatment of common diseases
- factors linked to the ageing process and the development of disabilities
- the social and economic influences on the development of the above conditions

I understand that:

- the DNA samples and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis
- links to my name will be held separately and securely, for administering the study and data collection
- only research approved by the study team will be allowed, now and in the future
- that no personal test results from my DNA will be given to me
- the data and samples will be owned by The Study and the universities. No samples or information will be sold.

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

Please write your initials on the line below if consent given

LUNG FUNCTION TO GP CONSENT

Serial number

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Ck

Person

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7. I 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.

Please write your initials on the line below if consent given

HAIR SAMPLE CONSENT

Serial number

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Ck

Person

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7. I give my consent to use a sample of my hair for tests of cortisol and future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the hair sample 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.

Please write your initials on the line below if consent given

Print name (respondent): _____

Signed (respondent): _____

Date: _____

Print name (nurse): _____

Signed (nurse): _____

Date: _____

DESPATCH NOTE FOR BLOOD SAMPLES

(OFFICE COPY)

Complete all sections and return in consent booklet to Brentwood.

1. BLOOD SAMPLE TUBES DESPACHED (TICK RELEVANT BOXES):

1.8ml Citrate: Blue	<input type="checkbox"/>
6ml Plain: Red	<input type="checkbox"/>
2ml Fluoride: Grey	<input type="checkbox"/>
2ml EDTA: Purple - Light	<input type="checkbox"/>
4ml EDTA: Purple - Dark	<input type="checkbox"/>
4ml EDTA: Purple - Dark	<input type="checkbox"/>

2. SEX: Male 1
 Female 2

3. DATE OF BIRTH: Day Month Year

4. BLOOD TAKEN: Day Month Year

5. BLOOD SAMPLES DESPACHED: Day Month Year

6. SERIAL NUMBER: **D**

ATTACH BARCODE LABEL

7. NURSE NUMBER:

8. POINT NUMBER:

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: D ATTACH BARCODE LABEL

2. SEX: Male 1
 Female 2

3. DATE OF BIRTH: Day Month Year

4. BLOOD COLLECTED: Day Month Year

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

6. NURSE NUMBER:

7. HAD RESPONDENT FASTED?
Yes 1
No 2

8. BLOOD COLLECTED (tick if successful):

BLUE	
RED	
GREY	
PURPLE – Light	
PURPLE – Dark	

9. STORAGE CONSENT: BLOOD
Given 1
Not given 2

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
Citrate 1.8ml BLUE	<input style="width: 40px; height: 20px;" type="checkbox"/>	Fibrinogen
Plain 6ml RED	<input style="width: 40px; height: 20px;" type="checkbox"/>	Full lipid Profile (Total Cholesterol, HDL, LDL, Triglycerides) Ferritin CRP IGF-1 Vitamin D
Fluoride 2ml GREY	<input style="width: 40px; height: 20px;" type="checkbox"/>	Fasting Glucose
EDTA 2ml x 1 (Light) 4ml x 2 (Dark)	<input style="width: 40px; height: 20px;" type="checkbox"/>	1x Hb, HbA1c, WCC, MCH 2x Storage for subsequent DNA analysis

