

ELSA - 50+ HEALTH AND LIFE



Consent booklet

Please use capital letters and write in ink

NAME/ADDRESS - WRITE IN:

RESPONDENT NAME:
ADDRESS:

POSTCODE:

ATTACH SERIAL NUMBER BAR CODE LABEL:

1 Nurse number

2 Date schedule completed
Day Month Year

3 Point number

4 Full name (of person interviewed) _____
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 (Please complete fully)**
Dr: _____
Practice Name: _____
Address: _____

Town: _____
County: _____
Postcode: _____
Telephone no: _____

8 **GP ADDRESS OUTCOME**

GP address complete ¹
GP address incomplete ²
No GP ³

9

SUMMARY OF CONTENTS - 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 taken to extract PAXgene and storage	11	12

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Dispatch note for blood samples

(Office copy)

Complete all sections and return to Brentwood.

1 Blood sample tubes despatched (enter number of tubes):

1.8ml Citrate: Blue

6ml Plain: Red

2ml Fluoride: Grey

2ml EDTA: Purple - Light

PaxGene

2 Sex

Male 1

Female 2

3 Date of birth

Day Month Year

4 Blood taken

Day Month Year

5 Blood samples despatched

Day Month Year

6 Serial number

D

ATTACH BARCODE LABEL

7 Nurse number

Serial number

Ck Person

BLOOD PRESSURE TO GP CONSENT

1 I consent to NatCen 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.

Serial number

Ck Person

BLOOD SAMPLE CONSENT [1]

1 I consent to a qualified nurse taking a sample of my blood on behalf of NatCen Social Research.

I understand that the sample will be analysed for measures including total cholesterol, HDL cholesterol, triglycerides, 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 and I have had an opportunity to discuss this with him/her. I have received a written explanation of these matters.

2 I consent to NatCen Social Research informing my General Practitioner (GP) of the above 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.

3 I consent to any remaining blood being stored for future analysis 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 NatCen 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.

BP

Please write your initials on the line below if consent given

BS [1]

Please write your initials on the line below if consent given

Please write your initials on the line below if consent given

Please write your initials on the line below if consent given

Serial number

Ck

Person

BLOOD SAMPLE CONSENT - PAXgene [2]

BS [2]

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

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

Please write your initials on the line below if consent given

I understand:

- that the PAXgene blood sample and related information will be coded so I cannot be identified.
- 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 the PAXgene blood sample 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.

Serial number

Ck

Person

Print name (respondent): _____

Signed (respondent): _____

Date: _____

Print name (nurse): _____

Signed (nurse): _____

Date: _____

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Dispatch note for blood samples

(Laboratory copy - Newcastle)

P10456.03

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

1 Serial number

D

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 Has respondent fasted? Yes ¹
 No ²

8 Blood collected

Blue
 Red
 Grey
 Purple - light
 PAXgene

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

LAB USE ONLY

TUBES ENCLOSED:	✓ if rec'd	ACTION REQUIRED
Citrate 1.8ml x 1	BLUE	Fibrinogen
Plain 6 ml x1	RED	Full lipid Profile (Total Cholesterol, HDL, LDL, Triglycerides) Ferritin CRP IGF-1 Vitamin D
Fluoride 2ml x 1	GREY	Fasting Glucose
EDTA 2ml x 1	PURPLE (light)	1x Hb, HbA1c, WCC, MCH
PAXgene 2.5ml x 1		Storage for subsequent RNA analysis.

