PHASE 12 CLINIC CONSENT FORM

Thank you for reading the information sheet about the Stress and Health phase 12 medical examination. Please read this consent form and place your <u>own</u> initials by the <u>items</u> you are willing to give your consent. Please put a line through the box if you do not wish to give consent.

Please put YOUR

	Name: Contact person for clinic team: Nurse in Charge	initials in the boxes eg: Joe Bloggs would put JB
1.	I have read the information sheet on this study. I have been able to ask ques about the study and I understand why the research is being done and any ris involved. I understand that my participation is voluntary and I can stop or decany part of the examinations or measures at any time during the process.	ks
2.	I know how to contact the Stress and Health research team, and how to get information about the results of the study.	
3.	I consent to take part in Phase 12 of The Stress and Health Study.	
4.	I consent to the taking and testing of samples of blood for cholesterol and oth lipids (fats), glucose, insulin and other hormones, glycosylated haemoglobin, measures of inflammation, liver and kidney function. I understand that the samples will be de-identified and used anonymously for research purposes of	
5.	I consent to all my blood samples to continue to be stored for use in future projects undertaken by the Stress and Health Study and its collaborators. I understand that the samples will be de-identified and used anonymously for research purposes only.	
6.	I consent to the taking, testing and storing of samples of blood for extraction DNA samples, which will be used to study genetic influences which may be relevant to diabetes, heart disease, stroke and cognitive function, and their rifactors. I understand that DNA samples and related data will be de-identified used anonymously for research purposes only, and that no personally identifinformation from DNA will be given to me or any other party.	sk and

	ne of person taking consent PITAL LETTERS)	Today's Date	Signature of persor	taking consent	
Name of participant (CAPITAL LETTERS)		Today's Date	Signature of particip	Signature of participant	
11.	. The Stress and Health Study may be audited by the Joint Research Office of UCL, UCL Hospital/Royal Free London NHS Foundation Trust or other regulatory authorities to ensure compliance of the study. In this case I understand that relevant sections of my medical notes and data collected during the study may be looked at by responsible individuals from the research team, from regulatory authorities or from the NHS trust where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.				
10.	to be carried out by another tear	re read the letter and information sheet about the Heart Health Study which is e carried out by another team of researchers at UCL, and I consent for abers of the Stress & Health Study Team to pass my contact details on to be researchers based at UCL.			
9.	understand that all information gathered from me will be anonymised, so that I will not be identified, before being used in research. The information held and naintained by The Health and Social Care Information Centre and other central JK NHS bodies, may be used to provide further information about my health status. All my personal information will be treated in the strictest confidence in accordance with the Data Protection Act (1998) and all my samples in accordance with the Human Tissue Act (2004).				
8.	I consent for the Stress and Heapressure, weight, ECG, choleste measurements to my GP.				
7.	I am aware that I will be sent by ECG, cholesterol, glucose (diabe				

Thank you for agreeing to participate in the Stress and Health Study