



Volunteer consent form | Stage 1

Please **tick red boxes** and complete the form

1.	I agree to take part in East London Genes and Health.	<input type="checkbox"/>
2.	I confirm that I have read and understood the information sheet (version 2, 12 Sep 2014) for East London Genes and Health. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.	<input type="checkbox"/>
3.	I agree to give a sample of saliva (spit) for medical research, including genome sequencing , and for details about me and any samples I provide to be kept on a secure database.	<input type="checkbox"/>
4.	I give permission for the East London Genes & Health study team to access my health-related records (GP and Hospital) and registers for the duration of the study. I agree that the sample I have donated and the information gathered about me can be stored for use in future medical research studies.	<input type="checkbox"/>
5.	I understand that relevant sections of any of my medical notes and data collected during the study may be looked at by responsible individuals from Queen Mary University of London, from regulatory authorities or from Barts Health 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.	<input type="checkbox"/>
6.	I understand that samples and data (with no personal identifying details) may be shared with medical research investigators worldwide approved by East London Genes & Health. Samples collected as part of the present research project may be stored and used by Queen Mary University of London and approved research within a hospital, university, non-profit institution or a company laboratory within and/or outside the EU. I understand that East London Genes & Health is not-for-profit. I understand that research may include the participation of industry and that I will not benefit financially if this research leads to new treatments or medical tests.	<input type="checkbox"/>
7.	I agree to my GP being informed of my participation in the study.	<input type="checkbox"/>
8.	I agree that I can be contacted and invited to participate in medical research studies (Stage 2) based on the results which will be obtained with the saliva sample and information from me which will be retrieved from medical and health records. I will be provided with full information about these studies, when and if I am contacted. I understand that I am free to decide whether or not to take part in these studies.	<input type="checkbox"/>

Your name (BLOCK CAPITALS)

____ / ____ / ____
Date

Signature

Original to be kept by research team