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CONSENT FORM
A Health Study

Grid of 10 empty boxes for identification

Please initial the box if you agree with the statement.

Please Initial

- 1. I have read the information leaflet dated September 2002 (Version 2) and have been given a copy to keep. I have had the opportunity to ask questions about the study and I understand why the research is being done.
2. I understand that my participation in this study is entirely voluntary and that I will not benefit financially. I am free to withdraw my consent at any time without giving a reason and without any medical treatment or legal rights being affected.
3. I agree to be interviewed by a member of the research team who will ask some general questions about my residential, occupational, medical and family histories.
4. I agree to give a mouthswab sample and for this sample to be stored by the Epidemiology and Genetics Unit at the University of Leeds. I also understand that I will not be told the results from this sample.
5. I agree to give a sample of my blood and for the sample to be stored by the Epidemiology and Genetics Unit at the University of Leeds. I also understand that I will not be told the results from this sample.
6. I give permission for a member of the research team to access, examine and record information from my medical records.
7. I understand that any information I give will be treated confidentially and will not be released in such a way that I, or my family members, could be identified.
8. I agree to be contacted again should any further research be necessary.
9. I agree that the information gathered about me and the samples I have given will be used for future research into the biological basis of haematological disorders.

Name (BLOCK CAPITALS)

Signature

Date

Name of witness (BLOCK CAPITALS)

Signature

Date