INTERVAL STUDY CONSENT FORM ('STUDY COPY')

Chief Investigators: Professor John Danesh and Professor David Roberts

Blood Donor ID number:

Office use, for completion by NHSBT staff only. Please tick if you confirm that: The donor 1) is aged at least 18 years and fulfils all normal criteria for blood donation 2) is willing to be assigned to any of the study intervention groups 3) has access to the internet and is willing to provide and maintain an email address for correspondence relating to the INTERVAL study.	☐

Please tick each box if you agree with the statement:

You must tick <u>all</u> of the boxes to be eligible to take part in the study

1.	I confirm that I have read and understood the information leaflet dated 20.04.12 (version 4.1) for the above study. I have had the opportunity to ask questions, and these have been answered fully.	☐
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.	☐
3.	I understand and grant permission for relevant sections of my blood donation records to be retrieved and used by the study team.	☐
4.	I give permission for long-term, anonymised storage of my blood samples (including DNA) for health-related research purposes (even after my incapacity or death), and relinquish all rights to these samples which I am donating to the study.	☐
5.	I understand that information held by the NHS and records maintained by the NHS Information Centre and the NHS Central Register may be used to provide information about my health status and I give permission for long-term anonymised storage and use of this and other information about me, for health-related research purposes (even after my incapacity or death).	☐
6.	I agree to provide an email address and for my contact phone details being given to members of the study team, to send me communications about the study. I will maintain the email address provided or, if necessary, supply a new one in the future.	☐
7.	I understand that none of my results (other than those which have an immediate impact on my health care) will be given to me and that I will not benefit financially from taking part (e.g. if research leads to commercial development of a new treatment or blood test).	☐
8.	I agree to take part in the above study.	☐

Participant name	Signature	Date

Staff member name	Signature	Date

For further information about the INTERVAL study, please call free of charge on 0800 064 0089 or email helpdesk@intervalstudy.org.uk or look at the project website www.intervalstudy.org.uk

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