

Faculty of Life Sciences & Medicine

Academic Department of Vascular Surgery
Cardiovascular Division
1st Floor North Wing
St Thomas' Hospital
Westminster Bridge Road
London SE1 7EH

Study Number: 23/LO/0506

IRAS ID 325213

Participant Identification Number:



CONSENT FORM – HEALTHY CONTROL

Title of Project: School of Cardiovascular and Metabolic Medicine & Sciences Biobank and Repository

- 1. I confirm that I have read and understand the information sheet dated 19/06/2023 (version 2) for the above Biobank and have had the opportunity to consider the information and ask questions
- 2. I understand that my participation is entirely voluntary and that I am free to withdraw at any time, without giving a reason and without my medical care or legal rights being affected
- 3. I understand that relevant sections of my medical notes and data collected may be looked at by responsible individuals from the School of Cardiovascular Medicine & Sciences research team and regulatory authorities or from the NHS Trust where it is relevant to my taking part in research. I give permission for these individuals to have access to my records
- 4. I agree that a researcher may contact my general practitioner in the unlikely event that any clinically relevant information becomes known
- 5. I understand that the sample I am providing is a gift to the Cardiovascular Biobank. I agree to donate samples to be used until depleted. These samples may be used for multiple research projects. Samples will be destroyed when they are no longer useful
- 6. I understand that samples may be used for future genetic research but not for research that involves reproductive cloning
- 7. I agree to be contacted by post/e-mail/telephone by a member of the Biobank team in regard to this Biobank data/or follow up samples' collection
- 8. I agree to take part in the School of Cardiovascular Medicine & Sciences Biobank

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature