

Attach barcode here

**EXAMPLE NOT FOR USE**  
**PARTICIPANT CONSENT FORM**  
**The NIHR BioResource**

Vx.x Date:xx/xx/xxxx

If you agree to take part in the NIHR BioResource please:

- initial boxes 1, 2, 3 & 4
- print, date and sign your name at the end of this form

**1. TAKING PART**

I confirm that I have read and understood the Information Leaflet, version \_\_\_ dated \_\_\_/\_\_\_/\_\_\_\_\_, for the NIHR BioResource. I have had the opportunity to ask questions and these have been answered.

**I understand the following:**

- **I can decide to join the NIHR BioResource or not.**  
My routine healthcare or legal rights will not be affected in any way if I don't take part.
- **I can withdraw at any time.**  
If I withdraw, I understand that some research may have already taken place using my data, and this can't be undone.

**I agree to the following:**

- I agree to join the NIHR BioResource.
- I can be contacted by the BioResource to:
  - ask me to complete a health & lifestyle questionnaire.
  - receive invites to participate in other studies including donating further samples.
  - send me newsletters.

Box 1:

Initial here to show you agree.

**2. SAMPLES**

I agree to:

- give blood (and/or saliva) samples for health-related research. I understand that my samples may be transferred between research institutions.
- my samples being tested as outlined in the Participant Information Leaflet, and this may include the reading of my entire genetic code.
- long-term anonymised storage of my samples (including cells and DNA) for health-related research purposes, with storage to continue in the event of my incapacity or death.
- that these samples are a gift to the NIHR BioResource and I relinquish all rights to these samples.

Box 2:

Initial here to show you agree.	
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**3. DATA**

I agree that:

- the NIHR BioResource may access my medical and health-related records, such as through NHS Digital, analyse and store this information long-term, even in the event of my incapacity or death. I understand that information from my medical notes and other health-related records may be used to provide information about my health status.
- data produced by studying my samples may be included in publications and/or placed in electronic archives (with no connection to my name or other personal identifiers). I understand that this archive will only be accessible to researchers on application, to ensure the results are only used to advance scientific and medical understanding
- my personal details (e.g. name, date of birth and NHS number) and contact details (e.g. address, email, phone number etc.) can be stored on a secure database so that I can be contacted by the BioResource for possible participation in health-related research studies.

I understand that:

- I may be invited to participate in other studies based on data held or accessed about me, and/or analysis (including of DNA markers) of samples I have donated. 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.
- this research may include work conducted by commercial companies, and that I will not benefit financially if this research leads to new medical tests, treatments or inventions.
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Box 3:

Initial here to show you agree.	
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**4. RESULTS**

- The NIHR BioResource will not routinely feedback any genetic or other test results, as your samples are taken for research purposes.

Box 4:

Initial here to show that you understand	
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----- First Name and Surname of Participant (BLOCK CAPITALS)	----- Date of Birth	----- Signature	----- Date
----- First Name and Surname of Person receiving consent (BLOCK CAPITALS)		----- Signature	----- Date