

Reference: centre/reference no.

Consent form: **Research Study: Imprinting disorders, finding out why?**

Please initial boxes where applicable.

1. I confirm that I have read and understood the information sheet (leaflet version....., please complete) for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving any reason, without my medical care or legal rights being affected.
3. I am willing for my General Practitioner to be informed of any relevant medical information obtained about me as part of the study.
4. I agree to the use of a stored sample of blood/saliva/skin from myself in this research project, or to the use of new samples obtained from myself for the purpose of this research project.
5. I agree that part of the same DNA sample may be sent to collaborators including those **in other parts of the United Kingdom and abroad** provided that clinical identifiers are not sent.
6. I understand that genetic information **relating to imprinting disorders** about me may become available from this research.
 - (a) I would like to be notified of these results
 - (b) I would not like to be notified of these results
7. In the event that a new imprinting problem is found, I agree to further studies on the sample to define the precise extent and significance of the change
8. I give permission for publication of results of genetic analysis and brief medical information (not photographs or details that would allow identification) about myself in a medical journal
9. I give permission for my medical notes to be seen by the study researchers
10. I agree to participate in the study

Name of research participant and date of birth
(Please print)

Date

Signature

Name of clinician obtaining consent

Date

Signature

PTO

Future and Further Research

Please initial boxes where applicable

Part B Consent for Related Genetic Research

I am willing for my DNA sample to be used for further related research provided that it has been approved by a research ethics committee. This may include genetic research. This will be linked to the clinical information but will be anonymised. I understand that this will mean that I cannot be contacted with any results.

Part C Further unrelated research on the DNA sample

I am willing for my DNA sample to be used anonymously for any research project provided that it has been approved by a research ethics committee. This will be unlinked to clinical information and will be anonymous. I understand that this will mean that I cannot be contacted with any results

Part D Future research projects

I am happy to be contacted about future Wessex Genetics research projects

Name of research participant and date of birth

Date

Signature

Name of clinician obtaining consent

Date

Signature

Research ethics number.....07/H0502/85