# Consent Form for Participants Able to Give Consent

**Full Title of Project:** Enter Full Title of Project

Name of Principal Investigator:

 **Please initial box**

*Add/delete/amend clauses as appropriate]*

|  |  |
| --- | --- |
| 1. I confirm that I have read and understand the participant information sheet version ............................ dated ............ for (enter Full Title of Project) and have had the opportunity to ask questions which have been answered fully.
 |  |
| 1. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my legal rights nor treatment / healthcare being affected.
 |  |
| 1. I give/do not give (delete as applicable) consent for information collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment (delete as applicable) by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).
 |  |
| 1. **OPTIONAL -** I give / do not give (delete as applicable) consent for samples (human tissue) collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment (delete as applicable) by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).
 |  |
| 1. I understand that tissue samples and / or data collected from me are a gift donated to Imperial College and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication treatment, product or service.
 |  |
| 1. I consent to take part in (enter Full Title of Project).
 |  |
| 1. I give / do not give (delete/mark as applicable) consent to being contacted about the possibility to take part in other research studies.
 |  |
| 1. **OPTIONAL** - I agree / I do not agree to my tissue samples being used to undertake genetic research which may have the potential to generate data that can be tracked back to me.
 |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person taking consent Signature Date

(if different from Principal Investigator)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature Date

1 copy for participant; 1 copy for Principal Investigator

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format

# Consent Form for Participants Unable to Give Consent Themselves

**Full Title of Project:** Enter Full Title of Project

Name of Principal Investigator:

**Please initial box**

*Add/delete/amend clauses as appropriate]*

|  |  |
| --- | --- |
| 1. I confirm that I have read and understand the participant information sheet dated ............................ version ............ for (enter Full Title of Project) and have had the opportunity to ask questions which have been answered fully.
 |  |
| 1. I understand that I am giving this consent based on what I believe would be the person for whom I am providing consent’s wishes. In my opinion they would be willing to participate.
 |  |
| 1. I understand that their participation is voluntary, and I or the person I am consenting for are free to withdraw at any time, without giving any reason and without any legal rights nor treatment / healthcare being affected.
 |  |
| 1. I give/do not give (delete as applicable) consent for information collected about the person for whom I am giving consent to be used to support other research or in the development of a new test, medication, medical device or treatment (delete as applicable) by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).
 |  |
| 1. **OPTIONAL -** I give / do not give (delete as applicable) consent for samples (human tissue) collected about the person for whom I am giving consent to be used to support other research or in the development of a new test, medication, medical device or treatment (delete as applicable) by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).
 |  |
| 1. I understand that tissue samples and / or data collected are a gift donated to Imperial College and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication or treatment.
 |  |
| 1. I agree that the person for whom I am giving consent will override my consent on their behalf if or when they are able to give informed consent themselves.
 |  |
| 1. I give / do not give (delete as applicable) consent for the person for whom I am giving consent being contacted about potentially taking part in other research studies.
 |  |
| 1. I agree to the person for whom I am giving consent taking part in the (enter Full Title of Project) study.
 |  |
| 1. **OPTIONAL** - I agree / I do not agree to my tissue samples being used to undertake genetic research which may have the potential to generate data that can be tracked back to the person for whom I am giving consent.
 |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of participant Signature (if able) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of legal representative Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person taking consent Signature Date

(if different from Principal Investigator)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature Date

1 copy for participant; 1 copy for Principal Investigator

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format

# Parent/Guardian Consent Form

**Full Title of Project:** Enter Full Title of Project

Name of Principal Investigator:

Child’s Name: ………………………………………………………….

This study has been explained to me by: *(delete as appropriate)*

Prof/ Dr/ Mr/ Mrs/ Ms ………………………….……………………………….

**Please initial box**

*Add/delete/amend clauses as appropriate]*

|  |  |
| --- | --- |
| 1. I confirm that I have read and understand the participant information sheet dated ............................ version ............ for (enter Full Title of Project) and have had the opportunity to ask questions which have been answered fully.
 |  |
| 1. I understand that my child’s participation is voluntary, and I or my child are free to withdraw at any time, without giving any reason and without any legal rights nor treatment / healthcare being affected.
 |  |
| 1. I give / do not give (delete as applicable) consent for information collected about my child to be used to support other research or in the development of a new test, medication, medical device or treatment (delete as applicable) by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).
 |  |
| 1. **OPTIONAL -** I give / do not give (delete as applicable) consent for samples (human tissue) collected about my child to be used to support other research or in the development of a new test, medication, medical device or treatment (delete as applicable) by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).
 |  |
| 1. I understand that tissue samples and / or data collected are a gift donated to Imperial College and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication or treatment.
 |  |
| 1. I give / do not give (delete as applicable) consent to my child being contacted about potentially taking part in other research studies.
 |  |
| 1. I agree to my child taking part in the (enter Full Title of Project) study.
 |  |
| 1. **OPTIONAL** - I agree / I do not agree to my tissue samples being used to undertake genetic research which may have the potential to generate data that can be tracked back to my child.
 |  |

|  |  |
| --- | --- |
|  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent / legal Signature Date

guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person taking consent Signature Date

(if different from Principal Investigator)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature Date

1 copy for participant; 1 copy for Principal Investigator

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format