

TONiC Phase 6 (Biosamples) Consent Form

Linking other information to the TONiC study, including donating blood or other samples

**Biobank number
(sticker preferred)**

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Please read each statement carefully and initial each relevant box to indicate agreement

1. I have read and understood the information sheet (version....., dated.....) for this study and have had the opportunity to ask about anything that I do not understand.
 2. I understand that I am free to withdraw from the study at any time and this will not affect my future treatment.
 3. I understand that my medical notes and relevant data collected during the study may be looked at by individuals from the Walton Centre Research Group, from regulatory authorities or from the NHS trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to this data.
 4. I understand that some of these projects may be carried out by researchers working in collaboration with the TONiC study team, including researchers working outside the UK/EU and for biotechnology companies working in partnership with the TONiC study team.
 5. I agree to give samples/data taken, as a gift, for research as detailed in the patient information sheet and I am aware that I will not receive feedback on my personal results and I am not entitled to any financial gain.
- | | YES | NO |
|--|--------------------------|--------------------------|
| 6. I agree that samples/data generated in this research can be stored long term and shared with other biomedical researchers in the future to help in related and unrelated research (such as research into other diseases). | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I agree to allow my details, including my NHS number, to be kept beyond the end of the TONiC study so that I may be approached about future studies that may be of interest. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Genetic research: I understand that my samples may be used in genetic research aimed at understanding the genetic influences on neurological conditions, but that the results of these investigations are unlikely to have any implications for me personally and I agree to take part in the study (If you say 'No' to genetic research, please do not say 'Yes' to 9a or 9d on page 2). | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I consent that the samples I give/have given and the information gathered about me can be stored for current and future projects, subject to additional project specific ethical approval. | <input type="checkbox"/> | <input type="checkbox"/> |

The type of samples that I am willing to provide include:

- | | | |
|---|--------------------------|--------------------------|
| 9a. blood for genetic research (can only be yes if 8. agreed) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9b. urine sample | <input type="checkbox"/> | <input type="checkbox"/> |
| 9c. blood for non-genetic research | <input type="checkbox"/> | <input type="checkbox"/> |



Researcher's signatureDate.....

Researcher's name (PRINT).....

*Tick here if the signature below was a witness to the Participant's verbal or indicated consent & the researcher was acting as scribe.

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(sticker preferred)**

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Signature*

Date

Name (PRINT)*

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Continued...

The following statements only apply when specific studies are available and your research doctor or nurse will inform you if these may be relevant for you to consider, in addition to statements 1–9c. on page 1.

Please read each statement carefully and initial each relevant box to indicate agreement

9. I consent that the samples I give/have given and the information gathered about me can be stored for current and future projects, subject to additional project specific ethical approval. YES NO

The type of samples that I am willing to provide include:

9d. saliva/cheek swab for genetic research (can only be yes if 8., on page 1, agreed) YES NO

9e. saliva/cheek swab for non-genetic research YES NO

9f. stool sample YES NO

9g. cerebrospinal fluid (if having a lumbar puncture as part of NHS care) YES NO

10. I agree to complete additional questionnaires including those on environment, medications and a food diary. YES NO

Researcher's signatureDate.....

Researcher's name (PRINT).....

*Tick here if the signature below was a witness to the Participant's verbal or indicated consent & the researcher was acting as scribe.

Signature*Date.....

Name (PRINT)*.....

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