



## CONSENT FORM

### OXFORD BIOBANK (part of the NIHR Bioresource)

Title of project: **Oxford Biobank 08/H0606/107+5**

South Central-Oxford C Research Ethics Committee

Name of researcher: Professor Fredrik Karpe

#### **Part 1**

**Please Initial boxes**

1.	I confirm that I have read the information sheet Version 1.3 dated 25/11/2015 for the Oxford Biobank. I have been able to ask questions about the project and I understand why the research is being undertaken and the risks involved.	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.	
3.	I agree to take part in the Oxford BioBank.	
4.	I agree to give blood samples for research and for details about me and any samples I provide to be kept on a secure database.	
5.	I understand that any personal information and medical history obtained from me will be kept confidential.	
6.	I understand that data collected during the study may be looked at by authorized individuals from the University of Oxford, where it is relevant to my taking part in this research. I permit these individuals access to my research records.	
7.	I agree to have a DEXA scan performed. If I am a woman of child bearing age I understand that I will be offered a pregnancy test, prior to the scan.	
8.	I agree that the samples I have donated and the information gathered about me can be stored for use in future research studies aimed at identifying the interactions between genes, the environment and disease. I understand that the results of these investigations are unlikely to have any implications for me personally.	
9.	I consider these samples a gift to the University of Oxford and I understand I will not gain any direct personal benefit from this.	



10. I understand that I will be informed if any of the results of the medical tests performed as part of the research are important for my health.	
11. I agree that my GP can be informed of my results.	
12. I understand that I will not be able to have access to any genetic data generated from my samples.	
13. I know how to contact the research team if I need to, and how to get information about the results of the research.	
14. I agree to be contacted and invited to participate in research studies based on the results obtained from my samples and information I provide or which has been retrieved from databases. 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.	
15. I agree that I may be contacted and asked to donate a further blood sample of up to 100mls of my blood for this study. I acknowledge that I am under no obligation to do so.	

**Diabetes cohort ONLY**

16. I give permission for the research team to access my medical records for further information that is relevant to my taking part in future research studies.	
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.....  
 Name of participant Date Signature  
 (BLOCK CAPITALS)

.....  
 Name of person taking consent Date Signature  
 (BLOCK CAPITALS)

***Original to be kept by researcher and copy to be given to participant.***



