



Understanding Society

IP 12

IP 12 Consent Forms

- Understanding Society Health IP Consent Form Biological Samples Nurse Visit Feedback group
- Understanding Society Health IP Consent Form Biological Samples Nurse Visit No Feedback group
- Understanding Society Health IP Consent Form Biological Samples Web Mode Feedback group v2
- Understanding Society Health IP Consent Form Biological Samples Web Mode No feedback group v2
- Understanding Society Health IP Hair Sample Consent Form for Young Person v2
- Understanding Society Health IP Hair Sample Consent Form for Young Person Nurse v2

Understanding Society Health IP Consent Form Biological
Samples Nurse Visit Feedback group



SAMPLE COLLECTION CONSENT FORM

Please read this form and initial the individual statements and sign below if you give your consent to participate in the sample collection part of the Understanding Society Survey. Your participation is entirely voluntary and you can withdraw participation at any point. If you are happy to provide us with some samples and not others, please indicate this on the form below and let the nurse know.

**Please place your INITIALS after each statement as appropriate.
You must enter your initials rather than ticking.**

CONSENT FOR SAMPLE COLLECTION AND BLOOD TESTS	INITIAL
1. I confirm that I have read and understood the "Sample Collection" leaflet. I have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.	
2. The purposes and risks associated with donating the samples have been explained to me and I understand the risks involved.	
3. I understand that my samples will be analysed by an external laboratory as described in the participant information sheet.	
4. I understand that my participation is voluntary and I am free to withdraw my consent without giving a reason.	

CONSENT FOR INDIVIDUAL SAMPLE COLLECTIONS	INITIAL
I agree to provide the following samples (individually consented below) for the purpose of the Understanding Society Survey.	
1. Venous blood sample.	
2. Finger-prick blood spot sample (Dried blood spot sample).	
3. Hair sample.	
4. I agree to my blood sample results for HDL, total cholesterol and HbA1c being returned to me. I understand that this is not a clinical diagnosis and is only an indication if my results are within the normal range.	

PARTICIPANT

.....
 PRINT NAME SIGNATURE DATE

NURSE

.....
 PRINT NAME SIGNATURE DATE

For office use only

Please fill in the 14 digit PID number

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Understanding Society Health IP Consent Form Biological Samples
Nurse Visit No Feedback group

SAMPLE COLLECTION CONSENT FORM

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1. Venous blood sample.	
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3. Hair sample.	
4. I understand that I will not be given any feedback of my results.	

PARTICIPANT

.....

PRINT NAME

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SIGNATURE

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DATE

NURSE

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PRINT NAME

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SIGNATURE

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DATE

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Understanding Society Health IP Consent Form Biological Samples
Web Mode Feedback group v2

SAMPLE COLLECTION CONSENT FORM

Please read this form and initial the individual statements and sign below if you give your consent to participate in the sample collection part of the Understanding Society Survey. Your participation is entirely voluntary and you can withdraw participation at any point. If you are happy to provide us with some of the samples and not others, please indicate this on the form below.

**Please place your INITIALS after each statement as appropriate.
You must enter your initials rather than ticking.**

CONSENT FOR SAMPLE COLLECTION AND BLOOD TESTS	INITIAL
1. I confirm that I have read and understood the "Sample Collection" leaflet.	
2. I understand the risks associated with donating the samples.	
3. I understand that my samples will be analysed by an external laboratory as described in the participant information sheet.	
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CONSENT FOR INDIVIDUAL SAMPLE COLLECTIONS	INITIAL
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PARTICIPANT

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PRINT NAME

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DATE

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Understanding Society Health IP Consent Form Biological Samples
Web Mode No feedback group v2

SAMPLE COLLECTION CONSENT FORM

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I agree to provide the following samples (individually consented below) for the purpose of the Understanding Society Survey.	
1. Finger-prick blood spot sample (Dried blood spot sample).	
2. Hair sample.	
3. I understand that I will not be given any feedback of the results of my samples.	

PARTICIPANT

.....

PRINT NAME

.....

SIGNATURE

.....

DATE

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Understanding Society Health IP Hair Sample Consent Form for Young Person v2

COLLECTION OF HAIR SAMPLE – ASSENT FORM (Young person 10-15 years)

We need to know that you have agreed to give a hair sample to *Understanding Society*. By signing this form you are saying that you are happy to provide us with a hair sample. Please read this form carefully. You should talk about giving a hair sample with your parent or guardian before you sign this form.

You need to put your initials next to each statement and then sign your name at the bottom of the form.

	Young person	Initial here
1.	I have read the 'We would like to collect a small hair sample' information sheet.	
2.	I understand why <i>Understanding Society</i> want a sample of my hair.	
3.	I know that I don't have to give a hair sample and I can say that I don't want to take part at any time.	
4.	I understand that my samples will be analysed by an external laboratory as described in the participant information sheet.	

	Parent/guardian	Initial here
1.	I agree to my son/daughter providing a hair sample for the <i>Understanding Society</i> Health Innovation Panel Study.	
2.	I am his/her parent/guardian or have the parents' permission to give consent.	

I agree to provide a hair sample for the Understanding Society Health Innovation Panel Survey.

Young person

Your name

Your Signature

Date

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Parent/guardian

Name

Signature

Date

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Please fill in the 14 digit PID number

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Understanding Society Health IP Hair Sample Consent Form for Young Person Nurse v2

COLLECTION OF HAIR SAMPLE – ASSENT FORM (Young person 10-15 years)

We need to know that you have agreed to give a hair sample to *Understanding Society*. By signing this form you are saying that you are happy to provide us with a hair sample. Please read this form carefully. You should talk about giving a hair sample with your parent or guardian before you sign this form.

You need to put your initials next to each statement and then sign your name at the bottom of the form.

	Young person	Initial here
1.	I have read the 'We would like to collect a small hair sample' information sheet.	
2.	I understand why <i>Understanding Society</i> want a sample of my hair.	
3.	I know that I don't have to give a hair sample and I can say that I don't want to take part at any time.	
4.	I understand that my samples will be analysed by an external laboratory as described in the participant information sheet.	

	Parent/guardian	Initial here
1.	I agree to my son/daughter providing a hair sample for the <i>Understanding Society</i> Health Innovation Panel Study.	
2.	I am his/her parent/guardian or have the parents' permission to give consent.	

I agree to provide a hair sample for the Understanding Society Health Innovation Panel Survey.

Young person

Your name

Your Signature

Date

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Parent/guardian

Name

Signature

Date

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.....

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Nurse

Name

Signature

Date

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