

CONFIDENTIAL WHEN COMPLETE

RATE-AF Trial
Participant Optional Consent Form

Participant Trial Number:

Please initial each box to confirm consent ↓

1. I agree that a sample of my blood donated by me may be stored for future genetic (DNA) tests to help understand effects of the study treatment and genetic factors that might contribute to atrial fibrillation. This sample will be for medical research **only** and my results will be kept confidential. Any study using this material would require Research Ethics Committee approval. I understand that these samples may be analysed in research laboratories outside of this hospital, in the UK and overseas, within Europe.

2. I agree that a sample of my blood donated by me may be stored for future biochemical tests to help understand effects of the study treatment and biochemical factors that might contribute to atrial fibrillation. This sample will be for medical research **only** and my results will be kept confidential. Any study using this material would require Research Ethics Committee approval. I understand that these samples may be analysed in research laboratories outside of this hospital, in the UK and overseas, within Europe.

3. I understand that the information held and maintained by NHS Digital and other central UK bodies may be used to help contact me or provide information about my health status in the future. I understand that my name, postcode and date of birth will be shared with these central bodies.

4. I am happy to be contacted by the Research Team to participate in a focus group to discuss my experience of participating in the trial.

5. I am happy to be contacted in the future about relevant studies.

6. I agree to participate in the **sub-study of physical activity and heart rate monitoring** in the RATE-AF trial after reading the additional participant information leaflet (v1.0 23-Jan-2018). I understand my participation is voluntary and I can withdraw at any time. I also understand that the research data collected as part of this physical activity sub-study will be kept confidential and may be used in future research unrelated to the RATE-AF trial.

7. I agree to participate in **the sub-study of nerve activity and heart rate in the RATE-AF trial** after reading the additional participant information leaflet (v1.0 23-Jan-2018). I understand my participation is voluntary and I can withdraw at any time. I also understand that the research data collected as part of this nerve activity sub-study will be kept confidential and may be used in future research unrelated to the RATE-AF trial.

Points 1-7 above are **OPTIONAL** for participation in RATE-AF; please initial these boxes only if you agree to them.

 Name of participant

 Date

 Signature

 Witness Signature (if applicable)

 Name of person receiving consent

 Date

 Signature

Original to be filed in the Investigator's Site File; 1 copy for patient; 1 copy to be kept with patient's hospital record; 1 copy to be sent to BCTU