

Consent form - The Birmingham COPD Cohort Study

Practice ID:

Study ID:

Please initial
boxes

I have read the attached information concerning my participation in this study and have had the opportunity to discuss and ask questions. All my questions have been answered in a satisfactory way and I give my consent voluntarily to participate in this study.

I know that I can, at any time and without giving a reason, withdraw my participation in the study and that my future care and management will not be affected.

I understand that information about me, where relevant to the study, will be stored by the BLISS research team at the University of Birmingham.

I understand that personnel from the University of Birmingham research team may share my personal information with related NHS bodies and NHS regulatory authorities, and may access my records for health related research purposes (even after my incapacity or death).

I give my permission to authorise personnel from the research team to inform my General Practitioner of my participation in, and any relevant test results from this study.

I give my permission to be contacted in the future for related research purposes including other studies in the BLISS programme.

.....
Name of Patient (CAPITALS)

.....
Date

.....
Signature

I agree to provide a blood sample and give permission for long term storage and use of my blood sample for health-related research purposes (even after my incapacity or death).

.....
Name of Patient (CAPITALS)

.....
Date

.....
Signature

.....
Name of Researcher (CAPITALS)

.....
Date

.....
Signature

If completed with a translator

I have provided an accurate translation of this information to the person mentioned above. They have stated that they understand the information and have had an opportunity to have their questions answered.

.....
Name of Translator (CAPITALS)

.....
Date

.....
Signature

3 copies: 1 - Study office; 2 - Patient; 3 - Patient file