OUR FUTURE HEALTH - CONSENT FORM

Chief Investigator: Dr Andrew Roddam of Our Future Health

If you want to take part in the Our Future Health research programme, please read through the Participant Information Sheet dated 13/10/2022 (version 1.3) and read the following statements. To take part you need to agree to all the statements below. If you have any questions about the programme or taking part please contact our support team by emailing support@ourfuturehealth.org.uk or by calling 0808 501 5634.

By agreeing to take part in the Our Future Health Programme, I understand that:

1.	Our Future Health will access, store and link to health-related records about me held by NHS Digital and other organisations within the UK. I understand that Our Future Health will need to store and share some identifiable information, such as my NHS number, name and date of birth with these organisations, to allow linkage to the health data they collect.	0
2.	As long as I remain in the programme, Our Future Health will continue to collect and use my linked health information for research and analysis over the course of my lifetime and beyond.	0
3.	Blood samples that I give to Our Future Health will be stored and used for health-related research. I understand that my de-identified samples and data could be sent to approved processors outside the UK for analysis.	0
4.	DNA (genetic information) will be extracted from my blood. I understand that my DNA will be analysed for health-related research using a technology called SNP array, and that other technologies might also be used, such as genome sequencing.	0
5.	I will not automatically receive personal feedback from the research, but I may be contacted in the future and asked if I want to receive personal feedback arising from my samples or data.	
6.	Researchers approved to access and store the information collected by Our Future Health could be from academic organisations, charities, or companies, in the UK or overseas.	0
7.	 Our Future Health may contact me again in the future, including to: Send me news and updates about the research programme. Ask me about my experiences of taking part. Ask me to complete additional questionnaires. Ask my permission to collect relevant information about me from other sources. Invite me to give (further) biological samples including blood. Invite me to attend an appointment for other assessments, such as imaging. Ask if I would like to receive personal information arising from my samples or data. Invite me to take part in other research studies. 	0
8.	I can withdraw from Our Future Health at any time without giving a reason. I understand that, if I leave Our Future Health, some research may have already taken place using my data and samples and this cannot be undone.	0
9.	I agree to take part in the Our Future Health research programme.	0
Participant name: Electronic signature: Date:		

IRAS ID: 293316 Participant ID number:

Consent Form v1.3 13/10/2022