

## Health and lifestyles of people aged 50 and over

### CONSENT BOOKLET: PERSONAL COPY

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 Ckl  Person 

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Name 

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This booklet contains a copy of the different consents and permissions that you have been asked to sign during the interview, for your records.

## **BLOOD PRESSURE TO GP CONSENT**

I, (name) \_\_\_\_\_

consent to the National Centre for Social Research informing my General Practitioner (GP) of my blood pressure results. I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Tick if consent given

## **LUNG FUNCTION TO GP CONSENT**

I, (name) \_\_\_\_\_

consent to the National Centre for Social Research informing my General Practitioner (GP) of my lung function results. I am aware that the results of my lung function measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Tick if consent given

## **SALIVA SAMPLE CONSENT**

I, (name) \_\_\_\_\_

give my consent to use of samples of my saliva for tests of cortisol and future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the saliva samples and related information will be coded so I cannot be identified, and used for non-commercial research purposes only, and will not be tested for HIV. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons.

Tick if consent given

## BLOOD SAMPLE CONSENT

I, (name) \_\_\_\_\_

a) consent to \_\_\_\_\_ (qualified nurse) taking a sample of my blood on behalf of the National Centre for Social Research/UCL. I understand that the sample will be analysed for total cholesterol, and other lipids (fats), glucose, glycated haemoglobin, measures of iron stores, inflammation and other hormones. This blood sample will not be used to test for the HIV virus. The purpose and procedure have been explained to me by the nurse and I have had an opportunity to discuss this with him/her. I have received a written explanation of these matters.

Tick if consent given

b) consent to the National Centre for Social Research/UCL informing my General Practitioner (GP) of the blood sample analysis results for total, LDL and HDL cholesterol, triglycerides, glucose, glycated haemoglobin, ferritin, haemoglobin, C-reactive protein and fibrinogen. I am aware that the results of my blood sample analysis may be used by my GP to help him/her monitor my health and that my GP may wish to include the results in any future report about me.

Tick if consent given

c) consent for samples of my blood to be stored and used in the future for medical research studies of common diseases and the ageing process. I understand that all blood test results and related information will be coded so I cannot be identified. Access to my name and address will be restricted to research team at the National Centre for Social Research through the use of a unique identification number. For purposes of scientific analyses, links to my name will be held separately and securely from any data collected. Only research approved by the study team and an independent NHS Research Ethics Committee will be allowed, now and in the future and the sample will not be tested for HIV.

I understand that I may withdraw this consent (as described in the information leaflet) at any time by contacting the investigators in writing, without giving any reasons and at no penalty.

Tick if consent given

## GENETICS STUDY CONSENT

I, (name) \_\_\_\_\_

consent to the extraction and storage of DNA from my blood sample for use in future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the DNA samples and related information will be coded so I cannot be identified, and used for non-commercial research purposes only, and that no information found in the DNA will be given to me. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons, and the DNA extracted from my blood samples will then be destroyed and any genetic data obtained from it will be deleted.

Tick if consent given