



REC reference: East of England 12/EE/0307

Version number: 7

Date: 24/05/2018

CONSENT FORM

Study title: Prevalence of Pathogenic Antibodies in Psychosis (PPiP)

**Thank you for agreeing to help us with our work. Please read this form, initial the relevant boxes and sign.**

I confirm I have read and understood the patient information sheet (v9 24/05/2018) for the above study. I confirm that I have had the opportunity to ask questions and have had these answered satisfactorily and I have had enough time to decide. I know who to contact if I have any further questions.

I understand my participation is entirely voluntary and that I am free to withdraw at any time, without giving reason, without my medical care or legal rights being affected.

I give permission for the researchers to discuss my case with my hospital doctor or GP, examine my medical records. I understand that all data will be kept confidential and secure.

I understand that my doctor will be informed if any of the results are important for my health. I understand my GP will be notified by my doctor.

I agree to blood being collected from me for the study. I understand that if my blood sample was recently taken by my clinical team to test for neuronal membrane antibodies it may be used for the study.

I understand that relevant sections of my medical notes and data collected during the study may be looked at by authorized individuals from the University of Oxford, from regulatory authorities, the Oxford Health NHS Foundation Trust and their research partners in the UK where it is relevant to my taking part in this research. I permit these individuals access to my research records.

I consider these samples a gift to the University of Oxford and I understand I will not gain any direct personal or financial benefit from this.

I agree to take part in the above study.

**Optional**

I agree for my anonymised samples to be used in future research, here or abroad, which has ethics approval. I understand this research may involve commercial organisations. YES  NO

I understand and agree that my anonymised sample will be used in future genetic research studies, here or abroad, which have ethics approval. I understand this research may involve commercial organisations. They are aimed at understanding the genetic influences on disease and that the results of these investigations are unlikely to have any implication for me personally. YES  NO

I agree to be contacted about ethically approved research studies for which I may be suitable. I understand that agreeing to be contacted does not oblige me to participate in any further studies. YES  NO

Name of patient: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
Name of person taking consent: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any further questions or concerns please contact:** Dr Belinda Lennox [belinda.lennox@psych.ox.ac.uk](mailto:belinda.lennox@psych.ox.ac.uk)  
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