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Version number: 7

Date: 24/05/2018

CONSULTEE DECLARATION FORM



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

Participant Identification Number for this study:

Please initial boxes

I _____ have been consulted about _____ participation in this research project. I have had the opportunity to ask questions about the study, have had these answered satisfactorily and understand what is involved.

In my opinion he/she would have no objection to taking part in the above study.

I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected.

I understand that relevant sections of his/her care record and data collected during the study may be looked at by responsible individuals from University of Oxford, the Oxford Health NHS Foundation Trust or their research partners in the UK, where it is relevant to their taking part in this research. I give permission for these individuals to have access to his/her records.

I agree to their GP or other care professional being informed of their participation in the study

Optional

I agree for their 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 that an additional blood sample will be taken and stored anonymously for future genetic ethically approved research studies aimed at understanding the genetic influence on disease and that the results of these investigations are unlikely to have any implication for him/her. I understand this research may involve commercial organisations.

YES NO

I understand that he/her may be contacted about ethically approved research studies for which he/she may be suitable. I understand that agreeing to be contacted does not oblige him/her to participate in any further studies.

YES NO

Name of Consultee

Date

Signature

Relationship to participant: _____

PLEASE COMPLETE THE NEXT PAGE

Person undertaking consultation (if different from researcher):

Name

Date

Signature

Researcher

Date

Signature

When completed: 1 (original) to be kept in care record, 1 for consultee; 1 for researcher site file