**Consent Form for Participants Unable to Give Consent Themselves**

Centre/Site Number (if applicable):

Study Protocol Number:

**Full Title of Project:**

Name of Principal Investigator:

*Add/Delete/Amend clauses as appropriate* **Please Initial Box**

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| --- | --- |
| 1. I confirm that I have read and understood the participant information sheet dated ..................... version ............ for [Enter Full Title of Project] and have had the opportunity to ask questions which have been answered fully.
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| 1. I understand that I am giving this consent based on what I believe would be the person for whom I am providing consent’s wishes. In my opinion they would be willing to participate.
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| 1. I understand that sections of any of my relative / friend / partner’s medical notes may be looked at by responsible individuals from [company/institution name], the NHS Trust or from regulatory authorities where it is relevant to my taking part in this research.
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| 1. I understand that their participation is voluntary, and I or the person I am consenting for, are free to withdraw at any time without giving any reason and without any legal rights nor treatment / healthcare being affected.
 |  |
| 1. I give/do not give (delete/mark as applicable) consent for information collected about the person for whom I am giving consent to be used to support other research or in the development of a new test, medication, medical device or treatment [delete as applicable] by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).
 |  |
| 1. **OPTIONAL -** I give / do not give (delete/mark as applicable) consent for samples (human tissue) collected about the person for whom I am giving consent to be used to support other research or in the development of a new test, medication, medical device or treatment [delete as applicable] by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).
 |  |
| 1. I understand that tissue samples and / or data collected are a gift donated to Imperial College and that I, nor the person for whom I am giving consent for, will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication or treatment.
 |  |
| 1. I agree that the person for whom I am giving consent will override my consent on their behalf if or when they are able to give informed consent themselves.
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| 1. I give / do not give (delete/mark as applicable) consent for the person for whom I am giving consent being contacted about potentially taking part in other research studies.
 |  |
| 1. I agree to the person for whom I am giving consent taking part in the [Enter Full Title of Project] study.
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| 1. **OPTIONAL** - I agree / I do not agree to the tissue samples being collected to be used in genetic research which may have the potential to generate data that can be tracked back to the person for whom I am giving consent.
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Name of participant Signature (if able) Date

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Name of legal representative Signature Date

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Name of person taking consent Signature Date

1 copy for participant; 1 copy for Principal Investigator 1 copy to be kept with hospital notes.

To ensure confidence in th process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format