Scottish Regenerative Neurology Tissue Bank

PARTICIPANT CONSENT FORM

Name of researchers: Prof Siddharthan Chandran, Dr Suvankar Pal, Shuna Colville

Please initial box

1.	I confirm that I have read and understood the information sheet (16/09/2015 V1.2) for the above study and have the opportunity to ask members of the research team questions at any time.	☐
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. Should I withdraw, my medical care and legal rights will not be affected.	☐
3.	I understand that my medical notes may be examined by responsible individuals from the research team or their regulators. **No identifiable information will be given to third parties.**	☐
4.	I agree to storage, processing and transfer of the data in the way described in the information sheet.	☐
5.	I agree to DNA analysis of cell material derived from my blood (or saliva) sample.	☐
6.	I understand that the sample is for research purposes and that **no results will be made routinely available to me.**	☐
7.	I understand my sample/DNA if not used immediately in research will be stored and may be used for future research with appropriate ethical approvals.	☐
8.	I agree to storage of my genetic material for research use in future.	☐
9.	I agree to my genetic material being used for genome scanning in future studies.	☐
10.	I understand that I will not benefit financially from taking part in this study even if the research results in the development of new drug therapies.	☐
11.	I agree to take part in the above study by allowing my sample collected either specifically for research or clinically to be used for research purposes.	☐
12.	I agree that my GP or family doctor can be informed that I am taking part in this study.	☐

Name of Patient: _____ Date:

Signature: _____

Name of Researcher: _____ Date:

Signature _____