



Consent Form Young Person Questionnaire

Yes No

- | | | |
|--|--------------------------|--------------------------|
| I have read and understood the Information Leaflet about this research project. The information has been fully explained to me and have been able to ask questions, all of which have been answered to my satisfaction. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that I don't have to take part in this study and that I can opt out at any time. I understand that I don't have to give a reason for opting out and I understand that opting out won't affect my future medical care. | <input type="checkbox"/> | <input type="checkbox"/> |
| I am aware of the potential risks, benefits and alternatives of this research study. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have been given a copy of the Information Leaflet and this completed consent form for my records. | <input type="checkbox"/> | <input type="checkbox"/> |
| I consent to take part in this research study having been fully informed of the risks, benefits and alternatives. | <input type="checkbox"/> | <input type="checkbox"/> |
| I give informed explicit consent to have my data processed as part of this research study. | <input type="checkbox"/> | <input type="checkbox"/> |
| I consent to be contacted by researchers as part of this research study. | <input type="checkbox"/> | <input type="checkbox"/> |
| I consent to be re-contacted by researchers about possible future research related to the current study for which I may be eligible. | <input type="checkbox"/> | <input type="checkbox"/> |



Storage and future use of information

Yes No

Please choose one or more of the following options

Option 1: I give permission for material/data to be stored for possible future research related to the current study only if consent is obtained at the time of the future research but only if the research is approved by a Research Ethics Committee. ☐ ☐

Option 2: I give permission for material/data to be stored for possible future research related to the current study without further consent being required but only if the research is approved by a Research Ethics Committee. ☐ ☐

Option 3: I give permission for material/data to be stored for possible future research unrelated to the current study only if consent is obtained at the time of the future research but only if the research is approved by a Research Ethics Committee. ☐ ☐

Option 4: I give permission for material/data to be stored for possible future research unrelated to the current study without further consent being required but only if the research is approved by a Research Ethics Committee. ☐ ☐

Option 5: I agree that some future research projects may be carried out by researchers working for commercial/pharmaceutical companies. ☐ ☐

Option 6: I understand I will not be entitled to a share of any profits that may arise from the future use of my material/data or products derived from it. ☐ ☐

Name of participant

Date

Signature

To be completed by the Principal Investigator or nominee.

I, the undersigned, have taken the time to fully explain to the above person the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Name

Qualifications

Signature

Date