

Lead investigator: Professor F. Kern, BSMS

Sample Collection for Research into the Immune Response to COVID-19 Infection

INFORMED CONSENT FORM FOR VOLUNTEERS

	Please initial box
<ul style="list-style-type: none"> I have read (or it has been read to me) the information sheet for this study, Sample Collection for Research into the Immune Response to COVID-19 Infection, dated 09 June 2020, version 1.6. I understand the information and have had the opportunity to ask questions for clarification. 	
<ul style="list-style-type: none"> I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving any reason and without my rights being affected. 	
<ul style="list-style-type: none"> I understand that data collected during the study may be looked at by regulatory authorities, authorised individuals from the University of Sussex, or public health agencies, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. 	
<ul style="list-style-type: none"> I understand that my sample will be used for research purposes relating to the body's response to COVID-19 infection. I understand that I will not personally benefit from participating in the sample collection and will not be informed of any of the results of the studies carried out with my samples. 	
<ul style="list-style-type: none"> I understand that my non-identifiable information can be collected, analysed, reported and shared with other researchers within and outside Europe as part of this study. I understand that my name will not be used and I will not be identified. 	
<ul style="list-style-type: none"> I agree that my samples may be sent elsewhere in the world to be analysed. 	
<ul style="list-style-type: none"> I understand that my GP will not be informed of my participation in this study but that I may inform them if I so wish. 	

<ul style="list-style-type: none"> I agree that DNA and RNA from my blood sample may be analysed with respect to genes related to immunity and inflammation to better understand the body's response to COVID-19 infection or similar infections. <p>OR IF YOU DO NOT AGREE, TICK HERE <input type="checkbox"/></p>	<ul style="list-style-type: none">
<ul style="list-style-type: none"> I agree that my samples, including my DNA and RNA may be used in research in the future, if necessary in different parts of the world, as long as appropriate ethical approval is in place. <p>OR IF YOU DO NOT AGREE, TICK HERE <input type="checkbox"/></p>	
<ul style="list-style-type: none"> I agree that data may be collected from my NHS medical records, including medications and laboratory results, by study staff for the purpose of collecting useful clinical information in relation to my episode of COVID-19 infection. <p>OR IF YOU DO NOT AGREE, TICK HERE <input type="checkbox"/></p>	
<ul style="list-style-type: none"> I agree to be contacted directly with an invitation to participate in future research studies by the same team or collaborative researchers from the University of Sussex concerning different aspects of COVID-19 infection or more generally, the immune system in infection and inflammation. I understand that not agreeing to be contacted, not responding to a future invitation, or declining a future invitation will not affect my rights. <p>OR IF YOU DO NOT AGREE, TICK HERE <input type="checkbox"/></p>	

Participant name: _____

Signature: _____ Date: _____

Person receiving consent:

(Research team member or health professional trained in receiving consent for this study)

Signature: _____ Date: _____

Thank you for your contribution to this research sample collection.