Barts Health NHS
NHS Trust

Barts and The London
School of Medicine and Dentistry

CONSENT FORM FOR ADULT PATIENTS
(Version 5: Dated 05th Dec 2018 13/LO/0257)

Title of project: Genetics Factors Affecting the Timing of Puberty

Investigator: Dr Sasha Howard, Centre for Endocrinology
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Please initial box to indicate agreement

1.	I confirm that I have read and understand the information sheet dated 05th Dec 2018 (version 5) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2.	I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	
3.	I agree to my clinical information being shared with the research team. This includes relevant clinical details, auxology (birth weight, height and weight measurements) and the results of biochemical tests that have been performed.	
4.	I agree to allow medical information about me to be entered on a secure, confidential computer database.	
5.	I agree to provide a sample of blood. I understand that a DNA sample will be extracted from this blood sample.	
6	I agree to the genetic research studies including DNA analysis being undertaken on my sample. I understand that any results arising from this research work will be kept strictly confidential.	
7.	I agree to my GP being informed of my participation in the study.	
8.	I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
9.	Following the present research project, any residual (left-over) blood sample may be stored and used by the research team at Barts and the London School of Medicine and Dentistry (QMUL), for future research studies including genetics research. Any future studies will have Ethics Committee permission. Your clinical data will be securely destroyed at the end of the research studies. All staff undertaking future studies will abide by the Data Protection Act 1998 with any medical information relating to you being kept confidential.	

_____	_____	_____
Name of patient	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature
_____	_____	_____
Investigator	Date	Signature

1 copy for Patient, 1 for Investigator and original to be kept in medical notes