



## Consent Form

**Title of Research Study: Inflammation in infective endocarditis**

**Principal Investigator:** Dr Daniel Harding, d.harding@qmul.ac.uk

**IRAS Number: 353031**

Thank you for your interest in this research.

Should you wish to participate in the study, please consider the following statements. Before signing the consent form, you should initial all or any of the statements that you agree with. Your signature confirms that you are willing to participate in this research, however you are reminded that you are free to withdraw your participation at any time.

Statement	Please initial box
1. I confirm that I have read the Participant Information Sheet dated [18_12_24] version [V1] for the above study; or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to stop taking part in the study at any time without giving any reason and without my rights being affected.	
3. I understand that my data generated in this study will be accessed by the chief investigator and the clinical research team.	
4. I understand that blood and heart valve samples will be collected from me (heart valve only if I undergo essential endocarditis surgery).	
5. I understand that samples collected for this study will be moved and stored in the Chief Investigator's lab at Queen Mary University	
6. I understand that the researcher will not identify me in any publications and other study outputs using personal information obtained from this study.	

7. I agree to be contacted about other research studies in the future.	
8. I agree to receiving the end of study results	
9. I agree to my tissue samples being stored for subsequent studies in infective endocarditis.	

### Optional Clauses

Statement	Please initial box
1. (If appropriate) 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.	
2. (If appropriate) I agree to my General Practitioner being informed of my participation in the study.	

Participants should read [Queen Mary's privacy notice](#) for research participants which contains important information about your personal data and your rights in this respect. A hard copy of Queen Mary's Privacy Notice will be provided. If you have any questions relating to data protection, please contact Data Protection Officer, Queens' Building, Mile End Road, London, E1 4NS or [data-protection@qmul.ac.uk](mailto:data-protection@qmul.ac.uk) or 020 7882 7596.

_____	_____	_____
Participant name	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

I, \_\_\_\_\_, confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the participant and provided a copy of this form.