

Computerised Cognitive Assessment for Preclinical Alzheimer's Disease (CoCoA-PAD)

Informed E-Consent

IRAS: 344617

Sponsor Number: 6703

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Version 1.0

01.05.2026

E_Consent

Please indicate your agreement with the following statements:

Please confirm each statement by selecting "I agree".

I agree

- 1 I confirm that I have read and understood the Participant Information Sheet and have had the opportunity to ask questions.
- 2 I understand that my participation is voluntary and that I can withdraw at any time without giving a reason. This will not affect any care or services I receive.
- 3 I understand that this study involves the following procedures: • Answer questions about my background and health • Completing tests of thinking skills and memory • Having a blood test • Having an MRI scan (optional) • A follow-up meeting one week later
- 4 I agree to have a blood test taken by an NHS professional. I understand this involves a needle in my arm and may cause brief discomfort or bruising.
- 5 I agree to complete tests of thinking skills and memory. I understand that some people experience these tests as tiring and stressful, and that I can pause or stop participating at any time.
- 6 I agree to have my voice recorded during some tasks for research purposes. I understand this will be used to check data accuracy and analyse patterns in speech that may be linked to memory and thinking skills.

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- I understand that I will not receive my results from the blood test. ☐
- 14 I understand that if I withdraw before, during or after participating in this study, I can choose whether the information and/or samples already collected are kept for analysis or destroyed. ☐
- 15 I understand that once my data are anonymised and the research database is published, I will no longer be able to request that my data are removed. ☐
- 16 I understand that my identifiable information will be stored securely and handled in compliance with UK GDPR and the Data Protection Act 2018. I give permission for authorised members of the CoCoA-PAD team to access my identifiable information for this study only. ☐
- 17 I understand that some of my anonymised research data will be shared securely with the University of Birmingham and Sheffield Hallam University. These institutions will not receive my name or contact details. ☐
- 18 I understand that my raw data will be stored securely for 10 years at the University of Plymouth, after which it will be permanently deleted. ☐
- 19 I understand that my processed and anonymised data will be added to a research database that may be shared with other researchers. No one will be able to identify me from this data. ☐

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I understand that the results of this research may be published in scientific journals, presented at conferences and shared in participant information sheets.

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- 21 I understand that I will receive a voucher worth £40 to take part in this research. This will be given for my time even if I withdraw or cannot complete the study.

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- 27 I agree to take part in the CoCoA-PAD study.

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Please confirm each statement by selecting "I agree".

I agree

- 7 I agree to have an MRI scan at BRIC in Plymouth. I understand that this is completed by an NHS radiographer and takes approximately 30 minutes. ☐
- 8 MRI scans are normally safe procedures. I understand that the radiographer will complete a safety review with me beforehand, and if they are concerned about my safety, they will not complete the scan. ☐
- 9 I understand that I will not receive my results from my MRI scan. ☐
- 10 I understand that if the radiographer finds something unexpected on my MRI scan, my GP will be notified. ☐
- 11 I would like to be notified if my GP is informed about an unexpected finding on my MRI scan. ☐
- 13 I understand that I have the choice about whether to receive feedback on the cognitive test results and I would like to receive this feedback. ☐
- 22 I agree for my GP to be notified that I am participating in this research study. ☐
- 23 I agree to be contacted in approximately one year's time to ask me to participate in a follow-up assessment. ☐
- 24 I agree to be contacted about future related research studies. ☐
- 25 I agree for my email address to be stored so that I can receive updates about this research study. ☐
- 26 ☐

If I am a participant in the PROTECT study, I agree to add my PROTECT ID to the anonymous CoCoA-PAD database so that the PROTECT team can access my study results.



Date consent provided

Name of Participant

Participant signature

Name of researcher taking consent

Researcher obtaining consent signature
