

Consent Form for Participants Able to Give Consent

Full Title of Project: The prevalence and significance of low QRS voltages in young healthy individuals and athletes

Centre name: **Royal Brompton Hospital**

Study Protocol number: **IRAS 283055**
NCT05799833

Version: 3.0 22/06/2023

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Name of Principal Investigator: **Dr Sabiha Gati**

Please initial box/Tick Yes or No

1. I confirm that I have read and understand the participant information sheet version 1.0 dated 21.07.2022 for <u>the prevalence and significance of low QRS voltages in young healthy individuals and athletes project</u> and have had the opportunity to ask questions which have been answered fully.	
2. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my legal rights nor treatment / healthcare being affected.	
3. I understand that sections of any of my medical notes may be looked at by responsible individuals from Royal Brompton Hospital, from NHS Trust or from regulatory authorities where it is relevant to my taking part in this research.	
4. I give consent for information collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment (delete as applicable) by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. I give consent for samples (human tissue) collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment (delete as applicable) by an academic institution or commercial	YES <input type="checkbox"/> NO <input type="checkbox"/>

company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure).	
6. I understand that tissue samples and / or data collected from me are a gift donated to Imperial College and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication treatment, product or service.	
7. I consent to take part in <u>the prevalence and significance of low QRS voltages in young healthy individuals and athletes project</u>	
8. I give consent to being contacted about the possibility to take part in other research studies.	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. I agree to my tissue samples being used to undertake genetic research which may have the potential to generate data that can be tracked back to me.	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. I agree to my GP being informed about my participation in this Research study and consent to any relevant information about my health being communicated to my GP	YES <input type="checkbox"/> NO <input type="checkbox"/>

Name of participant Signature Date

Name of person taking consent Signature Date
(if different from Principal Investigator)

1 copy for participant; 1 copy for Principal Investigator 1 copy for hospital notes

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format