

Asthma: Phenotyping Exacerbations 3

10TH November 2021

CONSENT FORM

(Final version 1.0: 10.11.2021)

Title of Study: Asthma: Phenotyping Exacerbations 3

IRAS Project ID: 304615

Name of Researcher: Dr Matthew Martin

Name of Participant:

Please initial box

1. I confirm that I have read and understand the information sheet final version number 1.0 dated 10.11.2021 for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis. ☐

3. I understand that relevant sections of my medical notes and data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential. ☐

4. I understand and agree that nasal brush samples will be taken for DNA and RNA extraction and genetic analysis (Optional)

Yes
☐

No
☐

5. Consent for storage and use in possible future research (Optional)
 I agree that the samples I have given and the information gathered about me can be stored by the University of Nottingham at the Division of Respiratory Medicine, for possible use in future studies. I understand that some of these studies may be carried out by researchers other than the current team who ran the first study, including researchers working for commercial companies. Any samples or data used will be anonymised, and I will not be identified in anyway.

Yes
☐

No
☐

6. I agree to my GP being informed of my participation in this study and of any incidental findings. ☐

7. I agree to take part in the above study. ☐

Name of Participant Date Signature

Name of Person taking consent Date Signature

4 copies: 1 for participant, 1 for the project notes, 1 for the medical notes and 1 for HTA.