

**Institute of Health and Society
Newcastle University**

The Newcastle



Study

**10 Year Follow Up (Phase 5)
Participant Consent Form**

We are inviting you to take part in the 10 year follow up of the Newcastle 85+ study.

Please ensure you have read the accompanying information leaflet which explains why we are doing this research and what we are asking you to do in this stage. If you find reading or understanding the information difficult, please ask a family member or a carer to help you.

Please ask the research team any questions.

Remember:

- That participation in this study is entirely voluntary and you may withdraw from the whole or any part of the study at any time without affecting your usual medical care.

- It is unlikely that taking part will have any direct benefit for you.

I (name of participant).....

of (address).....

.....
.....

agree to take part in the 10 year follow up of The Newcastle 85+ Study.

I understand the information that has been given to me about the study and this particular stage. I have been given time to think about the information and have had the opportunity to ask questions. I know that my consent is voluntary, and I can withdraw from the whole or any part of the study at any time. I understand that declining to participate will not affect my usual care.

I understand that during the course of this study it may become necessary for the research team to contact someone to represent my best interests (known as a consultee). In my opinion I would nominate:

Name:.....

Relationship to participant:

(Interviewer instruction: This individual would normally be a 'personal consultee' i.e. next of kin , close relative or friend. If the nominated individual is NOT a 'personal consultee' but 'nominated consultee' i.e. a paid carer please provide information where possible to explain choice.)

Address:.....
.....
.....

Contact number:.....

as the person best able to do this.

In order to assist with this I wish it to be noted that should I become unable to consent for myself I would prefer:

To continue in the study	
Not to continue in the study but allow the continued use and storage of all data/samples already collected	
Not to continue in the study and all information and samples already collected be destroyed in the study	

I understand that, in the event that something goes wrong and I am harmed during the research study, there are no special compensation arrangements. If I am harmed and this is due to someone's negligence then I may have grounds for a legal action for compensation against Newcastle University.

Please initial box	Consent	Decline
I agree to participate in the 10 year follow up of the Newcastle 85+ study		
I agree to allow a member of the study team to review my medical records (primary care, dental and hospital records).		
I agree to allow a member of the study team to review my medical records (primary care, dental and hospital records) in the event of my death.		
I agree to allow a member of the study team to review records that may be held by social services about use of their services.		
I agree to allow a member of the study team to review records that may be held by social services about the use of their services in the event of my death.		
I agree to allow my doctor to be contacted with the results of my medical tests that are important for my health.		

The nature and demands of the study and this particular stage have been explained to me; I fully understand and accept them.

Signed.....Date.....

Investigator Statement:

I can confirm that I have explained the nature of the study and given every opportunity for..... to receive and consider the information about the study and this stage.

Name.....Signed.....

Designation.....Date.....

Copied for participant (*Tick when completed*)

Consultee opinion also obtained (Yes) (N/A)

Newcastle 85+ Study
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