The Institute for Ageing and Health Newcastle University

The Newcastle



Study Stage 3

Form for 'Personal/Nominated Consultee' Opinion for Continued Use and Storage of Data and Material

Therefore we would be grateful for your opinion as to whether you think they would wish to continue to take part in this research by allowing us to retain information and blood materials already collected for future analysis. We are not asking you to provide a personal view on the research topic or consent on behalf of the person, we are asking you to consider to the best of your knowledge if they would not object or be caused any undue distress for the continued use of such information and blood materials.

Before you decide whether original consent given by the person should endure, we feel it is important to go over the reasons why we are asking you to do this, why they were chosen, why this research is being carried out. Please take time to read the accompanying information booklet carefully. If there is anything that is not clear, or you need more information, please ask. You will find our contact details at the back of the booklet.

Please understand you are under no obligation to act as a consultee and you may feel that someone else is best placed to take this role. If this is the case then let us know.

Remember:

- Your opinion for continued use and storage of information, data and blood material is entirely voluntary and you may withdraw this use of all or any part of their use and storage at any time without affecting usual medical care.
- It is unlikely that providing your opinion for continued use and storage of data, information and blood material will have any direct benefit for participants.

I	(name of person giving
'personal/nominated consultee' opinion)	
of	
	(address of person giving
'personal/nominated consultee' opinion)	
Approve to the continued use and storage	of any data, information or
blood material already collected by The N	ewcastle 85+ Study from
	(name of participant).

I understand the information that has been given to me about the study and in particular that I approve of continued participation. I have been given time to think about the information and the opportunity to ask questions. I know that approval is voluntary and they or I can withdraw such approval from the whole or any part of the study at any time. I understand that declining continued participation will not affect their usual medical care. I agree to help provide information if necessary and appropriate.

Please initial box	Consent	Decline
I agree to continued participation in the storage and use of data and information already gained.		
I agree that samples of their blood can continue to be stored for future analysis of genetic and other factors involved in health in old age, ageing and life-span.		
I agree to allow a member of the study team to review their medical records (primary care, dental and hospital records)		
I agree to allow a member of the study team to review their medical records (primary care, dental and hospital records) in the event of their 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 use of their services in the event of their death.		
I agree that information held by the NHS and records maintained by the General Register Office can be used to keep in touch with them and follow up their health status.		

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

The nature and demands of the st been explained to me. I fully under	endy and this particular approval have stand and accept them.
On behalf of	(Name of participant)
Signed	Print Name
Relationship to participant	Date

Investigator Statement:

I confirm that I have explained the study and this particular approval and
given every opportunity for;(participant) and(Personal/nominated
Consultee) to receive and consider the information about the study and
this particular approval.
NameSigned
DesignationDate
This individual providing opinion is a: (tick one box)
personal consultee
nominated consultee
The Personal/nominated Consultee was identified by: (tick one box)
the participant at informed consent
the researcher (provide reasoning)
appropriate other source (identify who and provide reasoning)
Copied for participant (Tick when completed)
Copied for personal/nominated consultee [] (Tick when completed).
The Newcastle 85+ Study
The Institute for Ageing and Health
Biogerontology Research Building
Newcastle University
Campus for Ageing and Vitality
Newcastle upon Tyne

Telephone: 0191 2481116

NE4 5PL