

Participant Consent Form for NHS HOSPITAL TRUSTS - POST SURGERY

Title of project: Personalised Medicine for Morbid Obesity

Name of Principal Investigator: Prof A. Blakemore. Please initial each statement:

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|--|--------------------------|
| 1. I confirm that I have read and understand the Participant Information Sheet Protocol Version 12 dated 20 th Oct 2016 for the above study. | <input type="checkbox"/> |
| 2. I have had the opportunity to ask questions and discuss this study. All my questions have been answered fully and I have received enough information about the study. | <input type="checkbox"/> |
| 3. 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. | <input type="checkbox"/> |
| 4. I agree that my medical notes and data collected from the study may be accessed by responsible individuals involved in the study; Imperial College London, Imperial College Healthcare NHS Trust or other Trusts, , or by regulatory authorities where it is relevant to my taking part in this research. | <input type="checkbox"/> |
| 5. I give permission for my data to be used for research by individuals involved in the study and Imperial College Healthcare NHS Trust so long as they do not contain identifying personal information. | <input type="checkbox"/> |
| 6. I give permission for the blood test results collected upon my initial referral to the service to be used for the purposes of the study. | <input type="checkbox"/> |
| 7. I give permission for my GP to be informed of my participation in this study and the results of any medical tests from my visits. | <input type="checkbox"/> |
| 8. I agree for a DNA sample to be taken and stored to look for changes that may be involved in obesity and the control of appetite. This may include sending my anonymised sample to other research centres in or outside the UK and may include commercial companies. | <input type="checkbox"/> |
| 9. I give permission for anonymised data on my exercise and mood, recorded through the smartphone apps Moves and WLCompanion, to be used in this study | <input type="checkbox"/> |
| 10. I give permission for the data collected in the questionnaires and smell test to be used for the purposes of the study. | <input type="checkbox"/> |
| 11. I agree to my samples being collected as detailed in the patient information sheet. | <input type="checkbox"/> |
| 12. The indemnity arrangements have been discussed with me. | <input type="checkbox"/> |
| 13. I agree to take part in the above study. | <input type="checkbox"/> |
| 14. I am happy to be contacted for possible participation in future research studies. | <input type="checkbox"/> |

_____ Name of Participant (block capitals)	_____ Signature	_____ Date
_____ Principal Investigator	_____ Signature	_____ Date
_____ Name of Person taking consent (if different from Principal Investigator)	_____ Signature	_____ Date