

**PARTICIPANT CONSENT FORM (version 2, 26/10/09)**

**Genetics of Influenza Susceptibility in Scotland  
(GenISIS)**

*GenISIS sample sticker to be  
affixed to researcher copy and  
kept in site file.*

Chief Investigator: Prof TS Walsh, Department of Anaesthetics, Edinburgh Royal Infirmary

**Please initial box**

1. I confirm that I have read and understand the information sheet (version 2, dated 26.10.09) for the above study and have had the opportunity to ask questions for clarification.
2. I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving any reason, without my medical care or legal rights being affected.
3. I agree that sections of my medical notes, including electronic records, may be looked at by responsible individuals, where it is relevant to my participation in the research.
4. I agree that DNA from my blood sample will be extracted and analysed to determine whether any genetic factors have made me susceptible to severe swine flu.
5. I understand that my DNA will be stored and that the source of the sample will be anonymised.
6. I agree that my blood sample, including my DNA, may be used in additional research in the future, as long as appropriate ethical approval is granted.

\_\_\_\_\_  
Name Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date