

RELATIVE/WELFARE ATTORNEY 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 26.9.09) for the above study and have had the opportunity to ask questions for clarification.
2. I understand that my relative's/friend's participation is voluntary and that I am free to withdraw him/her from the study at any time, without giving any reason and without his/her medical care or legal rights being affected.
3. I agree that sections of his/her medical notes, including electronic records, may be looked at by responsible individuals, where it is relevant to his/her participation in the research.
4. I agree that DNA from his/her blood sample will be extracted and analysed to determine whether any genetic factors have affected his/her susceptibility to severe swine flu.
5. I understand that his/her DNA will be stored and that the source of the sample will be anonymised.
6. I agree that his/her blood sample, including his/her DNA, may be used in additional research in the future, as long as appropriate ethical approval is granted.

Name of Patient

Name of individual giving consent

Signature Date

Name of person taking consent

Signature Date