

**RELATIVE/WELFARE ATTORNEY VERBAL (TELEPHONE)
CONSENT FORM
(version 2, 17/12/09)
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 the information sheet for the above study to the patient's relative/welfare attorney (version 2, dated 26.10.09) and that they have had the opportunity to ask questions.
2. I confirm that he/she has given consent for the patient to be included in the study. I confirm that he/she understand that his/her decision is voluntary and that he/she is free to withdraw the patient from the study at any time, without giving any reason and without his/her medical care or legal rights being affected.
3. I confirm that he/she understands that sections of the patient's 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 confirm that he/she agrees to the extraction of DNA from the patient's blood sample and that he/she understands that this will be analysed to determine whether any genetic factors have affected the patient's susceptibility to severe swine flu.
5. I confirm that he/she understands that the patient's DNA will be stored and that the source of the sample will be anonymised.
6. I confirm that he/she agrees that the patient's 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

Name of person taking consent

Signature

Date

Name of impartial witness

Signature

Date

