

CONSENT FORMS
for in a research programme
 (The forms are comprised of pages)

Title of the Programme you are invited to participate

This form provides the explanations in plain and comprehensible language regarding what is being requested from you and/or what will happen to you if you agree to join the programme:

1. All risks that may exist or any inconvenience you may incur from participating in the programme.
2. The person(s) who will have access to your information and will arise from the programme you will take part in and/or other material/data that you voluntarily provide for the programme.
3. The time period during which the Principal Investigator will have access to your information and/or material concerning you.
4. What the Principal Investigator hope to learn as a result of your participation.
5. Estimation of the benefit that can be gained for researchers and/or sponsors of this programme.
6. **You should not participate if you do not wish to, or if you have any concerns about your participation in the programme.**
7. If you decide to join, you must indicate if you have participated in any other research programmes within the last 12 months.
8. If you decide not to participate and you are a patient, your treatment will not be affected by your decision.
9. **You are free to withdraw your consent to participating in the programme at any time.**
10. If you are a patient, your decision to withdraw your consent will not have any effect on your treatment.
11. All pages of consent forms must bear your full name and signature.

Principal Investigator of the Programme you are invited to participate in

Programme Duration:

Surname:		Name:	
Signature:		Date:	

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Do you give consent for yourself or for someone else?	
If you have responded for another person, please provide details and name.	

Question	YES or NO
Did you fill in your consent forms personally?	
Over the past 12 months, have you been involved in any other research programme?	
Did you read and understand the information regarding patients and/or volunteers?	
Have you had the opportunity to ask questions and discuss the Programme?	
Have you been given satisfactory answers and explanations to any of your questions?	
Do you understand that you can withdraw from the programme whenever you wish?	
Do you understand that if you withdraw, you do not need to give any explanations for your decision?	
(For patients) do you understand that, if you withdraw, there will be no impact on any treatment you get or you can get in the future?	
Do you agree to join the programme?	
With whom did you speak with?	

Brief description of the programme (procedures and purpose).

Surname:		Name:	
Signature:		Date:	

<p>CONSENT FORMS for in a research programme (The forms are comprised of pages)</p>
<p>Title of the Programme you are invited to participate</p>

<p>Details of what will be requested and/or what will happen to programme participants</p>

<p>Details of the funding of the research programme</p>

<p>Details of any risks that may exist or any inconvenience that programme participants may incur</p>

<p>Details of what information and/or what material will be collected under the programme, who will have access to it and for how long.</p>

Surname:		Name:	
Signature:		Date:	

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<p>WHERE APPLICABLE, FUTURE STORAGE AND USE OF BIOLOGICAL SAMPLES AND PERSONAL DATA:</p> <p>Please note and sign either left or right</p>

<p>Except for the purposes of this programme that will last for years</p> <p>I consent: <input type="checkbox"/></p> <p>Signature:</p>	<p>Except for the purposes of this study that will last for years</p> <p>I do not consent: <input type="checkbox"/></p> <p>Signature:</p>
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that my biological samples (buccal swabs, saliva or DNA) and genetic information which shall be stored at the **may be kept for more than years and be used in future studies** upon authorization of the Cyprus National Bioethics Committee (CNBC), following the relevant application for renewal by the Principal Investigator of this Programme, I understand that matters of confidentiality will always be in force.

If new information that directly affects your health is discovered, would you like to be informed?

YES	NO	I CANNOT MAKE A DECISION NOW. PLEASE ASK AGAIN IF NEEDED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of what data will be generated for you within the programme, who will have access to them and for how long.

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Surname:		Name:	
Signature:		Date:	

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Expected benefit for participants

Expected benefit for researchers and/or sponsors

Details of termination or early postponement of the research programme.

Site and duration of storage of data and/or biological samples to be collected under the programme

Description of procedures of handling data and/or biological samples of participants who withdraw from the study prior to its completion.

Surname:		Name:	

Signature:		Date:	

<p>CONSENT FORMS for in a research programme (The forms are comprised of pages)</p>
<p>Title of the Programme you are invited to participate</p>

<p>Full contact details and title of the person to whom participants can submit complaints or grievances regarding the programme they participate in.</p>

<p>Full contact details and title of the person whom participants can contact for more information or clarifications about the research programme.</p>

Surname:		Name:	
Signature:		Date:	