

Consent Form for the imaging assessment: UK Biobank

Assessment centre number: [INSERT CENTRE NUMBER]

Participant identifier: [INSERT PARTICIPANT IDENTIFIER]

I have read and understand the Information Leaflet, and have had the opportunity to ask questions.		I agree
I understand that my participation is voluntary and that I am free to withdraw at any time during the imaging visit without giving any reason and that this will not affect my on-going relationship with UK Biobank.		I agree
I understand that these scans are for research purposes only. They will not be routinely examined by medical staff, and should not be regarded as part of a 'health-check'.		I agree
I give permission for long-term storage and use of my imaging scans, other data and biological samples collected for health-related research purposes (even after my incapacity or death) and relinquish all rights to these samples, which I am donating to UK Biobank.		I agree
I give permission for UK Biobank to inform me and my General Practitioner (GP) if a potentially serious abnormality is found on a scan (i.e. one that indicates the possibility of a condition which, if confirmed, carries a real prospect of significantly threatening life span, or of having a substantial impact on major body functions or quality of life).		I agree
I understand that, if UK Biobank does not contact me and my GP about a potentially serious abnormality, this does not imply that no abnormality exists, but simply that no such abnormality was noticed by the staff taking the scans.		I agree
I understand that none of my imaging scans will be given to me at the end of the visit.		I agree
I agree to take part in the imaging assessment for UK Biobank on this basis.		I agree
[INSERT PARTICIPANT NAME]	[INSERT DATE]	[INSERT PARTICIPANT SIGNATURE]

Volunteer name

Date

Signature

[INSERT STAFF MEMBER NAME]	[INSERT DATE]	
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Staff member name

Date

For further information, please call 0800-0-276-276 or go to www.ukbiobank.ac.uk