Local PPiP2 researcher *<add name and contact details*>

Principal Investigator: <*add name and contact details*>

*Participant study ID:*

**VERBAL CONSENT FORM**

**WELFARE GUARDIAN /WELFARE ATTORNEY /NEAREST RELATIVE**

*Study title: Prevalence of Pathogenic Antibodies in Psychosis 2 (PPiP2)*

**Name of Participant***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| --- | --- | --- | --- | --- |
| **Researcher to seek and record informed verbal consent, after welfare guardian /welfare attorney/nearest relative has had sufficient time to think about whether they want to take part.** Please check (√) the boxes to record that the statement has been asked by the researcher and that the **welfare guardian/welfare attorney/nearest relative** has responded in the affirmative way: | | | | |
|  | Do you confirm that you have read the Participant Information Sheet (PIS) - Welfare Guardian /Welfare Attorney/Nearest relative, Version no……, date……… [*put in the actual version number and date of the PIS that is being submitted at the same time as this Consent Form]* for this study? Have you had the opportunity to consider the information, ask questions and have these answered satisfactory? | | |  |
|  | Do you understand that your ward/relative/person you are consenting for’s participation in the study is voluntary and that you are free to withdraw your ward/relative/person you are consenting for at any time, without giving any reason and without your ward/relative/person you are consenting for’s medical care or legal rights being affected? | | |  |
|  | Do you understand that researchers will discuss your ward/relative/person you are consenting for’s case with his/her hospital/community doctor or GP and examine his/her their medical records, and that all data will be kept confidential and secure? | | |  |
|  | Do you understand that your ward/relative/person you are consenting for’s GP and hospital/community doctor will be informed of his/her participation in the study and any relevant clinical information? | | |  |
|  | Do you understand that blood will be collected from your ward/relative/person you are consenting for’s for the study? If his/her blood sample was recently taken by his/her clinical team to test for neuronal membrane antibodies – do you understand that it may be used for the study? Do you understand that these blood samples will be considered as a gift to the University of Oxford? Do you understand that he/she will not gain any direct personal or financial benefit from this? | | |  |
|  | Do you understand that relevant sections of your ward/relative/person you are consenting for’s medical records and data may be looked at by the authorised members of the research team, University of Oxford, from regulatory authorities, and from the NHS Organisation(s), where it is relevant to his/her taking part in this research? Do you understand that these individuals will have access to your ward/relative/person you are consenting for’s records? Do you give permission for these individuals to have access to their records? | | |  |
|  | Do you agree to your ward/relative/person you are consenting for taking part in this study? | | |  |
| Optional | | | | |
|  | Do you understand that his/her anonymised samples will be indefinitely stored and used in future research studies, here or abroad, which have ethics approval? Do you understand this research may involve commercial organisations? Do you agree to your ward/relative/person you are consenting for’s tissue being used in future studies? *Or do you think that the participant would not want this? Tick if declined* ❑ | | |  |
|  | Do you understand that his/her de-identified samples may be used in future genetic research studies, here or abroad, which have ethics approval? Do you understand that they are aimed at understanding the genetic influences on disease and the results of these investigations are unlikely to have any implication for him/her personally? Do you understand this research may involve commercial organisations? Do you agree to your ward/relative/person you are consenting for giving samples which will be used for genetic (DNA) analysis? *Or do you think that the participant would not want this? Tick if declined*❑ | | |  |
|  | Do you understand that he/she may be contacted about SINAPPS2 study or other relevant ethically approved research studies, for which they may be suitable? Do you understand that they are not obliged to participate in any further studies? *Or do you think that the participant would not want this? Tick if declined* ❑ | | |  |
|  | |  | | |
| *Name of welfare guardian/welfare attorney/nearest relative giving consent* | | *Relationship with the participant e.g wife, husband, brother/ welfare guardian/welfare attorney* | | |
|  | |  |  | |
| *Name of person taking WG/WA/NR’s Verbal Consent* | | *Date(dd/mmm/yyyy)* | *Signature* | |

*\*Original into medical record, 1x copy to site file; 1x copy to WG/WA/NR (if emailing send as a password protected attachment using @nhs.net)*