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

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

**CONSULTEE DECLARATION FORM**

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

Participant Identification Number for this study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial boxes**

1. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have been consulted about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_participation in this

research project. I have had the opportunity to consider the information sheet dated……………….

(version …… ) ask questions about the study, have had these answered satisfactorily and

understand what is involved.

1. I understand that participation in the study is voluntary and that I can withdraw them or he/she (if they regain capacity) can withdraw at any time, without giving reason, without their medical care or legal rights being affected.
2. I understand the researchers will discuss his/her case with his/her hospital/community doctor or GP, examine his/her medical records. I understand that all data will be kept confidential and secure.
3. I understand his/her GP and hospital/community doctor will be informed about his/her participation in the study and any relevant clinical information.
4. I understand that blood will be collected from him/her for the study. I understand that if their blood sample was recently taken by his/her clinical team to test for neuronal membrane antibodies it may be used for the study. I understand that these samples are considered as a gift to the University of Oxford and I understand he/she will not gain any direct personal or financial benefit from this.
5. I understand that relevant sections of his/her medical notes and data collected during the study may be looked at by authorized individuals from the University of Oxford, from regulatory authorities, NHS Organisation(s) where it is relevant to his/her taking part in this research. I understand these individuals access to his/her research records.
6. In my opinion he/she would have no objection to taking part in the above study.

Optional

1. I understand that his/her anonymised samples will be indefinitely stored and used in future research studies, here or abroad, which have ethics approval. I understand this research may involve commercial organisations.

Or if you think that the participant would not want this tick here instead ❑

1. I understand that his/her de-identified samples may be used in future genetic research studies, here or abroad, which have ethics approval. 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. I understand this research may involve commercial organisations

Or if you think that the participant would not want this tick here instead ❑

1. I understand that he/she may be contacted about SINAPPS2 study or other relevant ethically approved research studies, for which they may be suitable. I understand that they are not obliged to participate in any further studies.

Or if you think that the participant would not want this tick here instead ❑

**PLEASE COMPLETE THE NEXT PAGE**

Name of Consultee Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person recording consultee’s declaration:

Name Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***1x original – into medical records; 1x copy – to Consultee; 1x copy – into Site File***