

<*if applicable add NHS organisation logo*>

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

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

*Participant study ID:*

**VERBAL CONSENT FORM**

*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 the participant 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 participant has responded in the affirmative: | | | | | | |
|  | Do you confirm that you have read the information sheet dated.................... (version............) for this study? Have you had the opportunity to consider the information, ask questions and have these answered satisfactorily? | | | | |  |
|  | Do you understand that participation in the study is voluntary and that you are free to withdraw at any time without giving any reason, without your medical care or legal rights being affected? | | | | |  |
|  | Do you understand that researchers will discuss your case with your hospital/community doctor or GP and examine your medical records, and that all data will be kept confidential and secure? | | | | |  |
|  | Do you agree to your doctor and General Practitioner being informed of your participation in the study and about any of the results that are important for your health? | | | | |  |
|  | Do you agree to blood being collected from you for the study or if your blood sample was recently taken by your clinical team to test for neuronal membrane antibodies do you confirm that it may be used for the study? Do you agree to donate these blood samples and consider them a gift to the University of Oxford? Do you understand that you will not gain any direct person or financial benefit from this? | | | | |  |
|  | Do you understand that relevant sections of your medical notes and data collected during the study may be looked at by individuals from the University of Oxford, from regulatory authorities, and from the NHS Organisation(s), where it is relevant to your taking part in this research? | | | | |  |
|  | Do you agree to take part in this study? | | | | |  |
| Optional: | | | | | | |
|  | Do you agree for your anonymised samples to 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? | | | YES | NO | |
|  |  | |
|  | Do you understand and agree that your de-identified samples may be used in future genetic research studies, here or abroad, which have ethics approvaland that the results of these investigations are unlikely to have any implication for you personally? Do you understand this research may involve commercial organisations? | | | YES | NO | |
|  |  | |
|  | Do you agree to be contacted about SINAPPS2 study or other ethically approved research studies, for which you may be suitable? Do you understand that agreeing to be contacted does not oblige you to participate in any further studies? | | | YES | NO | |
|  |  | |
|  | |  |  | | | |
| *Name of Person taking Consent* | | *Date(dd/mmm/yyyy)* | *Signature* | | | |

*Original for medical records; 1xcopy for research site; 1x copy to participant via clinical team or password protected email attachment.*