



MRC National Survey of Health and Development Neuroimaging sub-study Participant Consent Form

Version 2.3:17-January-2015

PLEASE INITIAL BOXES - where you agree

	ame of person taking consent	 Date	Signature		
Name of study member		Date	Signature		
9.	I agree to take part in the above study	'.			
8.	. I agree that the results of the tests and measures listed in the GP letter be sent to my GP.				
7.	. I agree to the information and samples being held by UCL as the Data Controller. UCL is responsible for ensuring all data are securely stored, handled and used in accordance with the Data Protection Act.				
6.	5. I agree to the information and samples being used for health research carried out by the study team, and by scientists with research projects approved by the study's Data Sharing Committee. I understand that all analysis will be carried out and published using data only in numeric and anonymised form.				
5.	5. I understand that the blood and urine samples will be used for research purposes only, and that no information found in the DNA will be given to me.				
4. I agree to have my research data electronically linked to other databases including those from primary care, Hospital Episode Statistics, NHS Health and Social Care Information Centre, research, clinical and administrative registries. To do this, I understand that my name, postcode, date of birth and NHS number will be shared with the NHS Health and Social Care Information Centre.					
3.	I understand that relevant sections of study may be looked at by responsible Development, from regulatory author taking part in this research. I give per	e individuals from the rities or from the NH	e MRC National Survey of Health and HS Trust where it is relevant to my		
2.	I understand that certain assessments	will be video recorde	d.		
1.	I confirm that I have read and unders National Survey of Health and Develop opportunity to consider the informati answered satisfactorily.	ment (version 2.3 da	ited 17 January 2015) I have had the		

Thank you for agreeing to participate in the MRC NSHD Neuroimaging sub-study

When completed, 1 for study member, 1 for Institute of Neurology, and original for MRC NSHD





MRC National Survey of Health and Development Neuroimaging sub-study PET/MRI Consent Form

Version 1.2:17-January-2015

PLEASE INITIAL BOXES - where you agree

 Na	me of person taking consent	 Date	Signature			
Name of study member		Date	Signature			
3.	ragice to take pare in the study.					
5.						
4.	. I understand that unexpected findings on the MR scan may be discussed with me.					
3.	. I agree to my GP being informed of my participation in the study and that my GP may be informed of any unexpected findings on the research scan.					
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal right being affected.					
1.	. I confirm that I have read and understood the participant information sheet (version 2.3 dated 17 January 2015) for the above study and have had the opportunity to ask questions.					

Thank you for agreeing to participate in the MRC NSHD Neuroimaging sub-study

When completed, 1 for study member, 1 for Institute of Neurology, and original for MRC NSHD