



Australian
National
University



Consent Form to Participate in a Research Project

I, _____, _____
(name) (date of birth)

of _____
(address)

Ph: _____

Email: _____

have been invited to enrol in a research project entitled:

Centre for Personalised Immunology healthy blood donor scheme

In relation to this project I have read the Information Sheet and have been informed of the following points:

1. Approval has been given by ACT Health Human Research Ethics Committee
2. The aim of this project is to establish a registry of healthy blood donors from whom we will collect blood. These samples will be used to help us interpret results from patients with immunological disease.

I understand I am providing samples for unrestricted future use as explained in the information sheet section 6.

3. The project will involve taking up to 100mL (approximately 5 tablespoons) of blood (or less, if my body mass is less than 50kg). Repeat blood samples will be requested from time to time, but not more than 3 monthly.
4. Should I develop a problem which I suspect may have resulted from my involvement in this project, I am aware that I may contact –

Prof Matthew Cook on 02 6174 8523

5. Should I have any problems or queries about the way in which the study was conducted, and I do not feel comfortable contacting the research staff, I am aware

that I may contact the Secretary of the ACT Health Human Research Ethics Committee, Ms August Marchesi on phone number 02-6174 7968.

6. I can refuse to take part in this project or withdraw from it at any time without prejudice. If I decide to withdraw from the study, my study records and results will not be analysed as part of the study from the time forward of my withdrawal.
7. Participation in this project will not result in any extra medical and/or hospital costs to me.
8. Results of my tests or information regarding my medical history will only be published after all data that could identify me has been removed.

I also state that I have/have not participated in any other research project in the past 3 months. If I have, the details are as follows:

I do not want to have my DNA (genetic material) analysed

Date: _____ **Signature:** _____
(Participant)

Witness: _____ **Signature:** _____
(please print name) (Witness)

Investigator's Signature: _____