**BLOOD SAMPLES CONSENT FORM**

**Project Title:** A multicenter, double blind, placebo controlled, crossover trial of morphine sulphate for the treatment of PulmonAry Fibrosis Cough (PAciFy Cough)

**Name of Researcher:**

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|  | **Please Initial in box** |
| 1. I give permission for my medical information to be stored on the Biomarker core lab and the Genetic core lab databases. I understand that this information will be passed on to researchers outside of the Trust in an anonymous form (*i.e.* without my name and address). ALL samples used for genetic research studies will be anonymised to the researcher. |  |
| 1. I understand my medical information may be published in an anonymous form with any research findings. |  |
| 1. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. |  |
| 1. I understand that these samples will be treated as a gift or donation and I will not   receive any financial remuneration. |  |
| 1. I give permission for my samples to be used for research in commercial organizations (such as a company manufacturing a drug) located: |  |
| 1. within the UK |  |
| b) to the EEA. |  |
| 1. I give permission for my samples to be used for research in other hospitals or academic laboratories located: |  |
| 1. within the UK |  |
| b) to the EEA. |  |
| 1. I understand that my samples may be used for genetic (DNA and/or RNA) studies and that this analysis may be carried out with other collaborative research institutions, such as the Sanger Institute. |  |

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Name of participant Date Signature

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Name of person taking consent Date Signature