**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.
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| 1. I understand my medical information may be published in an anonymous form with any research findings.
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| 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.
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| 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