



Determinants of young Adult Social well-being and Health
A survey of young people from different ethnic groups in London



**RESPONDENT
IDNO**

NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	LETTER
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CONSENT FORM 2

Please
initial box

- I agree a blood sample (approx 25mls) being taken from me. I understand that a portion of my sample will be immediately analysed for lipids, glycosylated haemoglobin, fibrinogen, leptin, C-reactive protein, liver and kidney function and full blood count.

I understand that the sample and information will be coded and used anonymously for research purposes only and will not be tested for HIV or Hepatitis B or C.

- I would like to receive the results of the initial testing on my blood sample for lipids and glycosylated haemoglobin as well as my height, weight and body mass index.

- I agree for my General Practitioner to be notified about my height, weight, body mass index, lipids and glycosylated haemoglobin. I am aware that these results may be used by the GP to help monitor my health and that the GP may wish to include the results in any future report about me.

- I agree to the indefinite storage of a portion of my blood sample by the MRC for further testing of markers of health in blood cells that may be discovered, as set out in the Participant Information Sheet 1 (version 1, dated 12/08/11).

- I agree to the extraction, and indefinite storage by the MRC, of DNA from my blood sample, as set out in the Participant Information Sheet 1, (version 1, dated 12/08/11).

Name of participant

Date

Signature

Name of person taking consent

Date

Signature

When complete: 1 copy for participant; 1 copy returned to Unit for file



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