

# CONSENT FORM

Title: The London Life Science Population (LOLIPOP) 100K study  
IRAS Ref: 248261  
Consent form: Version 3, 1<sup>st</sup> May 2022  
Research site: Imperial College London  
Researchers: Professor Jaspal S Kooner and Professor John C. Chambers  
Participant ID: \_\_\_\_\_

Please initial  
all boxes

1. I confirm that I have read and understand the information sheet (version 4) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
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 rights being affected.
3. I understand that my medical notes and data collected during the study, may be looked at by individuals from regulatory authorities, Imperial College London or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records
4. I understand that data and/or samples from the study may be provided to third parties (commercial and non-commercial institutions) for the purposes of undertaking the study. I understand that this may involve sending data and /or samples outside of the United Kingdom, including outside of the EEA and that my name and any identifying details will NOT be given to these third parties, instead I will be identified by my unique study number. Any results arising from the study may be used for future research purposes or commercial purposes.
5. I understand that data and/or samples from the study may be provided to third parties (commercial and non-commercial institutions) for future research purposes or commercial purposes, where applicable. I understand that this may involve sending data and samples outside of the United Kingdom, including outside of the EEA and that my name and any identifying details will NOT be given to these third parties, instead I will be identified by my unique study number
6. I understand that if information collected or resulting from my sample is no longer able to be traced back to me, I cannot then withdraw my consent to the use of that anonymised information.
7. I understand that the information held about me in this research may be used to provide information about my health status, and to help contact me in the future.
8. I would like to be informed of any medically relevant results arising from the study.
9. I give permission for access to my medical and other health related records, and for long term-storage and use of this and other information about me, for health related research purposes (even after my incapacity or death). This includes records held by the NHS (hospital, PCT and GP), the NHS Digital, the General Register Office, as well as other national and local health related databases.
10. I confirm that the blood, urine and stool samples I give will be treated as a gift or donation to Imperial College London, and that I as donor will relinquish any rights in the specimen once donated.
11. I agree to future genetic studies being conducted on my samples, and for the entire genetic code from the sample to be deposited anonymously in open access (public) scientific databases on the internet. I understand that I will not be contacted directly for further permission.
12. I understand that I will not benefit financially if any of the research referred to in this form leads to the development of a new medical tests, treatments, or drugs or other financial benefit.

13. I agree to be contacted and invited to participate in medical research studies based on the results obtained from my samples and information I provide or which has been retrieved from databases. I will be provided with full information about these studies, when and if I am contacted. I understand that I am free to decide whether or not to take part in these studies.

14. I know how to contact the research team if I need to.

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Participant ID: -----

**I agree to take part in the above study.**

\_\_\_\_\_  
Name of participant [IN CAPITALS]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I confirm that the potential participant has had the opportunity to ask read the study information sheet and the individual consent form, and has had the opportunity to ask questions. I confirm that the individual has given consent freely. To the best of my ability, I have ensured that the participant understands the research and that they are freely consenting.**

\_\_\_\_\_  
Name of researcher [IN CAPITALS]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date