UNIVERSITY OF Southampton
School of Medicine

Southern Health NHS
NHS Foundation Trust

Memory Assessment and Research Centre
Moorgreen, Tom Rudd Unit
Botley Road
West End
Southampton
SO30 3JB

Tel: 02380 475206
Fax: 02380 463022
www.southernhealthft.nhs.uk

Participant Consent Form

Full Study Title:	Gaining new insight into the pathogenesis of Alzheimer's Disease: investigating the role of the locus coeruleus using neuromelanin-sensitive MRI
Brief title:	Investigating the Locus Coeruleus in Alzheimer's Disease using MRI
Principal Investigator:	Dr Ruihua Hou, Faculty of Medicine, University of Southampton.

Protocol Number:	
Patient Identification Number for this trial:	

Please read the following statements. If any questions arise, please ask the researcher for more information. If you agree with a statement, please put your initials in the box on the right.

1	I have read (or have had it read to me) and understood the participant information sheet for the above study dated …… Version ……. I have had enough time to decide whether I would like to take part in the study.	
2	I understand that my participation is voluntary and that if I decide not to take part in this study that my medical care will not be affected. I understand that I am free to withdraw from the study at any time and that I do not have to give a reason for doing so and without my medical care or legal rights being affected.	
3	I have discussed the study with the research team and all of my questions have been answered in a way that makes sense to me and I have no outstanding questions.	

4	I understand why this research is being carried out and any foreseeable risks involved.	
5	I understand that where it is relevant, sections of my medical records and the data collected during the study may be looked at by individuals from the sponsor or their agents, by individuals from government or other regulatory authorities, or by individuals from the Southern Health NHS Foundation Trust. I give permission for these individuals to have access to my records.	
6	I agree to allow study staff to collect, use and share my health data. I understand that I am not giving up any of my legal rights by signing this form. I agree that data gathered about me can be stored by the University of Southampton for possible use in future research projects.	
7	I agree to allow research staff to collect a blood sample (approximately 15ml, one tablespoon) from me. I understand how the sample will be collected, used and stored.	
8	I agree to allow researchers to do a genotyping test on the blood sample I give for this study. I understand I will not be given the results of this test.	
9	I agree to my sample being stored for future unspecified research studies with appropriate ethical approval and I have been made aware that this is **optional** to agree to.	
10	I agree for my study partner to provide information about my memory, my thinking ability, my behaviour, and my everyday functioning.	
11	I agree to perform tests which assess my memory and thinking ability.	
12	I understand that I am free to stop any assessment, test or questionnaire at any time. I understand that I do not have to answer study questions or provide a reason to study staff for refusing to answer a question.	
13	I agree to attend the Southampton General Hospital for a MRI brain scan.	
14	I agree to perform an eye tracking test.	
15	I agree to my GP being informed of my participation in the study.	
16	I agree to my GP being informed of my memory test score and for my score to be included in my medical records. This information will be kept confidentially.	
17	I understand that if I am no longer able to fully consent to my involvement in this study that mine and my study partner's participation will be stopped immediately with no further study procedures carried out.	
18	I understand that in the event of a loss of capacity, the research team would retain tissue and personal data collected and continue to use it confidentially in connection with the purposes for which consent is being sought.	

19	I understand that I will not benefit financially from this research or any future research using my data or samples.	
20	I agree to take part in the above study.	

Participant Name (PRINT):	**Signature:**	**Date:**

INVESTIGATOR

- *I have carefully explained to both the patient and the study partner the nature and purpose of the above study.*
- *There has been an opportunity for both the patient and the study partner to ask questions about this research study.*
- *I have answered all questions that the patient and study partner have about this study.*

Person taking consent (PRINT):	**Signature:**	**Date:**