

Donation No:

If you decide to take part in the study, you will be given a copy of the information sheet and a signed consent form to keep.

CONSENT FORM (Staged)

Subject ID: _____

PART A *Consent for the main study*

Use of leukocytes to model human inflammatory and immune responses to infection and tissue damage (REC: 13/SC/0416)

Name of Researchers: Dr Karl Staples, Prof Tom Wilkinson

PLEASE INITIAL THE BOXES IF YOU AGREE WITH EACH SECTION:

1. I confirm that I have read the information sheet dated 22nd November 2018 for the above study, have had the opportunity to ask questions, understand why the research is being done and any possible risks which have been explained to me. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. If I withdraw I understand that any unused donated tissue will be disposed of. ☐
3. I agree to take part in the above study to collect samples of blood to investigate immune cell function in response to infection. ☐
4. I am willing to being contacted about future participation in this study. ☐
5. I am happy to be approached about donating blood on future occasions for this study. ☐
6. I understand that my GP and/or I (as appropriate) will be informed if any of the results of the tests done as part of the research are important for my health. ☐

**Dr Karl J Staples, Associate Professor in Translational Medicine
Clinical & Experimental Sciences**

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Southampton General Hospital, Mailpoint 810, South Academic Block, Tremona Road,
Southampton SO16 6YD United Kingdom
Consent, Version 5.2

REC: 13/SC/0416

22nd November 2018

LEUKOCYTES: INFLAMMATION MODEL SYSTEMS (LIMS)

Samples gifted for storage and use in future studies

PART B: *Linked Anonymised Samples:*

7.

- a) I give permission for the sample to be used for treatments/investigations of medical conditions relating to infection research. ☐
- b) I give permission for the sample to be stored for use in other unrelated research studies the precise nature of which will depend upon future scientific advances, including studies of gene expression (genomics) and protein expression (proteomics) but excluding germ-line research. ☐

8. I understand that the sample may be used for commercial development, without financial or other benefit to myself, for the investigation and treatment of medical conditions, potentially leading to new preventative measures against such conditions in keeping with the gift nature of my sample. ☐

Name of Participant

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Researcher
1 for patient, 1 for researcher.

Date

Signature

Amount of blood donated:_____ **Date of donation:**_____

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