### GenOMICC ACUTE consultee DECLARATION form FOR DECEASED PATIENT

[affix\_barcode]

Version: 5, 23 October 2024

Local Lead Investigator: [local\_lead\_investigator\_name]

Chief Investigator: Prof JK Baillie, University of Edinburgh

|  |
| --- |
| * I have read the information sheet (v5 – 23 October 2024) for this study (or it has been read to me). I understand it and have had the opportunity to ask questions. * In my opinion the deceased patient would have had no objection to providing a blood sample that will be used to obtain DNA and other molecules from their cells. These will be analysed to look for genetic factors and to understand other biological processes important in critical illness. * I can withdraw the deceased patient from the study at any time without giving any reason. * The deceased patient’s DNA, and data derived from their DNA, including the whole sequence of their genome and information about biological processes, may be stored and used for future research. Researchers may include national or international scientists, companies and NHS staff. To access the data, researchers must all be approved by an independent committee of experts, including clinicians, scientists and patients. There will be no access to the data by personal insurers or marketing companies. * Different aspects of the deceased patient’s health data will be collected by the GenOMICC investigators, the study sponsor (NHS Lothian and the University of Edinburgh), and partner organisations. |
| I confirm I am the consultee for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to the participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please sign here to indicate that you agree with the statements above:**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name of person taking consent  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of person taking consent  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name of consultee  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of consultee  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| ***If the consultee cannot write or read the form:***  I have no involvement in this research study and I attest that the information concerning this research was accurately explained to the participant in language they can understand, and that informed consent was given freely by the consultee. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name of witness  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of witness  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Original to be retained in site file. One copy to be given to consultee.