

Appendix 7A StatinWISE Informed Consent Form – Optional Genetic Study



Name of Principal Investigator:

1. Patient Initials				2. Patient Screening ID				-				3. Site ID			
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Statement - <u>Optional blood sample</u>	Please initial each box
I understand that my blood sample will not contain any of my personal information and will be stored at the University of Liverpool.	
I give permission for my blood sample to be used in the future ethically approved research projects.	
I agree to have a blood sample taken for genetic analysis.	

Printed name of participant	Signature of participant	Date

I confirm that I have explained the study information accurately to, and was understood to the best of my knowledge by, the participant and that he/she has freely given their consent to participate.

Printed name of person obtaining consent	Signature of person obtaining consent	Date

1 copy of participant, 1 for investigator file and 1 for medical notes.