



THE 65+ DEMENTIA STUDY
CONSENT FORM
BRAIN TISSUE DONATION FOR RESEARCH

Version 4 (30/10/2017)

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Telephone: 0131 537 1980

Name of patient:.....Participant ID:.....

Please
initial
box

- 1. I confirm that I have read and understood the information leaflet version 3 (dated 30/10/17) for the above study, and wish to give my consent for a limited post-mortem examination to take place after my death.
2. I understand that the post-mortem will be limited to the head (brain) only, and will involve the removal and retention of tissue samples for diagnostic purposes and ethically approved medical research.
3. I permit the research team to gather any relevant medical information about me from my medical records, including electronic medical records.
4. I give my consent for tissue samples to be used by researchers in commercial organisations to help with the development of new treatments or diagnostic tests that may benefit human health
5. I give my consent for tissue samples to be used for genetic studies, including whole genome scanning.
6. I give my consent for the tissue to be used in research projects outside the UK, if approved by the Management Committees of the Edinburgh Brain and Tissue Bank.
7. I give my consent for the tissue retained to be used for medical education, medical photography, audit and quality control.
8. I understand that the tissue donated for research will be kept indefinitely and lawfully disposed of when it can be of no further use.
9. I give my consent for a copy of the final results of the limited post-mortem examination to be sent to my GP and senior clinician in charge of my care.
10. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the regulatory authorities and from the Sponsor(s) (The University of Edinburgh and NHS Lothian) where it is relevant to my taking part in this

research. I give permission for those individuals to have access to my records.

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Name of Participant	Date	Signature
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Name of Person taking consent	Date	Signature
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Please provide copies as follows:

1x original – NCJDRSU study file; 1x copy – Participant; 1x copy – Medical records; 1x copy – Edinburgh Brain and Tissue Bank