# **The Singapore Prospective Study Program**

# **Consent form to participate in the Study**

I agree to participate in the Singapore Prospective Study Program.

Yes No I agree to participate in the survey about my health, diet, and exercise, and my use of tobacco, alcohol, and medicines.

Yes No I agree to undergo a health screening.

Yes No I agree to allow researchers to confirm my health status by contacting my doctor or the National Disease Registry Office

I have been given a chance to ask questions and feel that all of my questions have been answered.  I know that giving a sample for this study is my choice and that refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. I may also discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled.  I have been given a copy of this consent form to keep.

I have been informed that any questions concerning the way in which this study works, or if I think that being in this study injured you, contact the study coordinator of the Singapore Prospective Study Program at 6321 4029. Any question I have regarding my rights as a research subject can be directed to the Singapore General Hospital Ethics committee.

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Name & signature Date

I observed the process of consent.  The prospective participant read this form, was given the chance to ask questions, appeared to accept the answers, and signed to enroll in the study.

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent form check by:

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Name and signature of principal investigator Date**The Singapore Prospective Study Program**

**Consent for providing blood and urine for research**

Yes No I agree to provide a blood and urine sample for testing of blood sugar and cholesterol.

Yes No I agree to the storage of my blood, urine and DNA for future studies of major diseases and health conditions. This material may be made available to qualified scientists studying these diseases.

I know that giving a sample for this study is my choice and that refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. I may also discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled.  I have been given a copy of this consent form to keep.

I have been informed that any questions concerning the way in which the donation of blood or urine works can be addressed to the Singapore Tissue Network Repository (6478-8488) or program manager of the Singapore Prospective Study Program (6321 4029). Any question I have regarding my rights as a research subject can be directed to the Singapore General Hospital Ethics committee.

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Name & signature Date

I observed the process of consent.  The prospective participant read this form, was given the chance to ask questions, appeared to accept the answers, and signed to enroll in the study.

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent form check by:

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Name and signature of principal investigator Date