Appendix 8

The Singapore Cardiovascular Cohort Study (2)

Consent Form for Application of dilating eye drops and Donating blood and urine for testing, storage and future research

Yes ☐ No ☐ I agree to have dilating eye drops put into my eyes

Yes ☐ No ☐ I agree to provide 7ml of blood for testing of blood sugar and cholesterol and urine sample for testing of protein

Yes ☐ No ☐ I agree to the storage of 23mls of my blood and/or urine for future studies of major diseases and health conditions. This material may be made available to qualified scientists studying these diseases, who will have to obtain approval from the relevant institutional review boards.

Yes ☐ No ☐ I agree to allow my stored blood and/or urine to be used for commercial development

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 the participant information sheet that explains the use of my blood and/or urine in this research, and consent form to keep.
I will not have any rights to any commercial benefits that result from this research. I also agree that I will not derive any monetary or other benefits from this research.
I have been informed that any questions pertaining to this research can be directed to the study coordinator of the Singapore Cardiovascular Cohort Study (2) at 6321 4654.
I have been informed that any questions concerning the way in which the donation of blood or urine works can be addressed to the program manager of the Singapore Cardiovascular Cohort Study (2) (**** ****). Any question I have regarding my rights as a research subject can be directed to the National University of Singapore-Institutional Review Board (Attn: Mr Chan Tuck Wai 6874 1234) or Dr Khoo Chong Yew who serves on the Singapore Eye Research Institute Ethics Committee. Tel: 6227 7255 (Office hours) or 6535 8833 (After office hours).
This research has been explain to me in the _____ (state language), which I understand by _____ (name of translator) on _____ (date)

_____ _____ _____
Name & signature (participant) NRIC (participant) 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.

_____ _____ _____
Name & signature (consent taker) NRIC (consent taker) Date

_____ _____ _____
Name & signature (translator) NRIC (translator) Date

Consent form checked by:

_____ _____
Name & signature (Principal investigator) Date

The Singapore Cardiovascular Cohort Study

SCCS (2)

Consent Form to participate in the study

Yes ☐ No ☐ I agree to provide my NRIC for the use of this research.

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.

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

Yes ☐ No ☐ I agree to allow my relevant medical information to be gathered from my medical records for this study.

Yes ☐ No ☐ I agree to allow my relevant medical information to be gathered from my medical records for future related research.

I have been given a chance to ask questions and feel that all of my questions have been answered. I know that participation in 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 the participant information sheet and consent form to keep. I have been informed that any questions pertaining to this research can be directed to the study coordinator of the Singapore Cardiovascular Cohort Study (2) at 6326 6306 or at 6321 4029 during office hours (Monday to Friday 8.00am to 5.00pm).
Any questions I have regarding my rights as a research subject can be directed to the National University of Singapore-Institutional Review Board (Attn:Mr Chan Tuck Wai 6874 1234) or Dr Khoo Chong Yew who serves on the Singapore Eye Research Institute Ethics Committee. Tel: 6227 7255 (Office hours) or 6535 8833 (After office hours).

This research has been explained to me in _____ (state language), which I understand by _____ (name of translator) on _____ (date)

_____ _____ _____

Name & signature (participant) NRIC (participant 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 enrol in the study.

_____	_____	_____
Name & signature (consent taker)	NRIC (consent taker)	Date

_____	_____	_____
Name & signature (translator)	NRIC (translator)	Date

Consent form checked by:

_____	_____
Name & signature (Principal investigator)	Date