

Protocol title: Singapore Population Health Studies (SPHS) – Multi-Ethnic Cohort Phase 3
(NUS-IRB Reference Code: LH-19-004)

Principal Investigator: Associate Professor Sim Xueling, Saw Swee Hock School of Public Health (SSHSPH), National University of Singapore (NUS), Tahir Foundation Building, 12 Science Drive 2, #10-01, Singapore 117549

Part A. I hereby acknowledge that:

1. I have received a copy of the Participant Information Sheet that explains the use of my data in this study.
2. By signing this consent form, I understand its contents and agree to:
 - (i) provide my NRIC number for the purpose of this study, which includes the collection of relevant information from my records with health care providers, well-being and health promotion agencies, government organisations, and national electronic health records and registries, to fulfil the research aims of this study; and
 - (ii) undergo an interview that will be audio-recorded and if needed, be contacted to verify my survey/interview data for quality control purposes.
3. I can withdraw from the study at any point of time by informing the PI. I am aware that the withdrawal of consent does not affect the research information obtained before the consent is withdrawn and such information may still be retained and used for research.

Part B. I hereby further agree to be re-contacted for:

- | | |
|--|---|
| | YES NO |
| 1. Further consent under the circumstances identified in the Participant Information Sheet. | <input type="checkbox"/> <input type="checkbox"/> |
| | YES NO |
| 2. Invitation to future follow-ups related to this study in 3-5 years. I understand that future follow-ups will be subject to an Institutional Review Board's (IRB) approval and SSHSPH may request the relevant government organisation for my updated contact information. | <input type="checkbox"/> <input type="checkbox"/> |
| | YES NO |
| 3. Invitation to future Public Health Research. I understand that future studies will be subject to an IRB's approval. | <input type="checkbox"/> <input type="checkbox"/> |

Part C. Donation of data for future research

- | | |
|--|---|
| | YES NO |
| 1. I agree to donate my data in this study for use in future Public Health Research which may be carried out locally or overseas. The data will be coded. The future research will be subject to an IRB's approval and no result will be returned to me. I also understand that part of the data will be shared in public scientific databases for research and education. The SPHS operations team may re-identify the data in order to contact me for the conditions I consent to in Part B above. | <input type="checkbox"/> <input type="checkbox"/> |

**** This research has been explained to me in** _____ (state language), which I understand, by _____.

(name of translator as per NRIC)

Name (as per NRIC) of participant

Signature (participant)

<i>Last 4 NRIC characters of participant</i>				
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<i>Date of consent</i>			
	<i>Day (DD)</i>	<i>Month (MM)</i>	<i>Year (YYYY)</i>

Name (as per NRIC) of consent taker

Signature (consent taker)

<i>Date of consent</i>			
	<i>Day (DD)</i>	<i>Month (MM)</i>	<i>Year (YYYY)</i>

**** This research has been explained to the** participant in _____, (state language) by _____.

Name (as per NRIC) of translator

Signature (translator)

<i>Date of consent</i>			
	<i>Day (DD)</i>	<i>Month (MM)</i>	<i>Year (YYYY)</i>

****Fill in these sections if the participant is unable to read participant information sheet and consent form or any of the translated versions.**