Consent Form for Research Participants
Participating in the Study Visit

Protocol title: Singapore Population Health Studies – Multi-Ethnic Cohort Phase 3
(NUS-IRB Reference Code: LH-19-004)
Principal Investigator (PI): Associate Professor Sim Xueling
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SPHS hotline: 6478 9608

Part A. I hereby acknowledge that:

1. I have received a copy of the Participant Information Sheet that explains the use of my data and samples in this study.
2. By signing this consent form, I understand its contents and agree to a study site visit for research. At the study site visit, I may choose to donate up to 32.5mls (~3.5 tablespoons) of blood and 20mls of urine for research.
3. I can withdraw from the study at any point of time by informing the PI although if I have donated samples for the study, I can only withdraw my consent to discontinue the use of any unused portion of samples that are re-identifiable. I am aware that the withdrawal of consent does not affect the research information obtained before the consent is withdrawn and such information may still be retained and used for research.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:

	Yes	No
1. Be contacted if a medical issue is found during the course of this study or in future research and NUS thinks it is important that I seek proper medical advice. I understand that my participation in the study is not considered medical treatment, and that the researchers are not qualified medical practitioners able to provide diagnoses.	☐	☐

Part C. Donation of data and samples for use in future research.
I understand that the donated data and samples will be coded for use in future Public Health Research which may be carried out locally or overseas. The future research will be subject to an IRB's approval and no result will be returned to me. If I refuse the donation of samples for future research, no samples will be stored for future research. I also understand that part of the coded data would 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 condition I consent to in Part B above. I hereby agree to:

	Yes	No
1. Donate 6mls of my urine sample to be used in future research.	☐	☐
2. Donate 22.5mls (~2.5 tablespoons) of my blood sample to be used in future research.	☐	☐
3. The use of my data and samples in future genetic research.	☐	☐
4. The use of my data and samples in future research involving testing and product development by commercial firms. I will not have any financial benefits that result from the commercial development of the research.	☐	☐

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

_____ (name of translator).

☒☒☒☒☒☒☐☐☐☐
NRIC (participant)

_____
Name (as per NRIC) of participant

☐☐☐
Day *Month* *Year*
Date of consent

_____
Signature of participant

I, the witness, certify to the following:
a) I am 21 years of age or older.
b) I have taken reasonable steps to ascertain the identity of the participant.
c) To the best of my knowledge, the participant had the study fully explained in a language understood by him/ her and clearly understands the nature, risks and benefits of his/ her participation in the study.
d) I have taken steps to ascertain that the consent has been given voluntarily without any coercion or intimidation.

_____
Name (as per NRIC) of witness

Day *Month* *Year*
Date of consent

_____
Signature of witness

_____
Name (as per NRIC) of consent taker

Day *Month* *Year*
Date of consent

_____
Signature of consent taker

**The study has been explained to the participant in _____ (state language).

_____
Name (as per NRIC) of translator

Day *Month* *Year*
Date of consent

_____
Signature of translator

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