



Understanding Society Nurse Visit CONSENT BOOKLET

Please use capital letters and write with a ballpoint pen

SERIAL

WAVE

MONTH

POINT

ADD

HH

CKL

PERSON

House / flat number (or name): _____

Postcode:

1. Nurse number

2. Date schedule completed DD MM YYYY

3. Full name (of person interviewed) _____

4. Sex Male
Female

5. Date of birth DD MM YYYY

6. Full name of parent/guardian (if person under 18) _____

7.

SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Sample of blood to be taken	01	02
b) Blood sample for storage	03	04
c) Blood sample for DNA	05	06

8. BLOOD DISPATCHED (if applicable): DD MM YYYY



BLOOD SAMPLE CONSENT



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1. *I consent to a qualified nurse taking a sample of my blood on behalf of the Institute for Social and Economic Research/National Centre for Social Research.*

I have read and understood the Information for Participants leaflet about the second stage of the survey. The nurse has explained the procedures, and I have had an opportunity to discuss these with him/her.

Initial: _____

2. *I consent to my blood being taken, stored and used in scientific research. I understand that all blood test results and related information will be coded so I cannot be identified. For purposes of scientific analyses, links to my name will be held separately and securely from any data collected. The sample will not be tested for HIV. I also understand my right to withdraw consent for storing the blood sample.*

Initial: _____

3. *I give my consent for a sample of my DNA to be taken from my blood, stored and used in scientific research.*

I understand that:

- *the DNA samples and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
- *links to my name will be held separately and securely, for administering the study and data collection*
- *that no personal test results from my DNA will be given to me*
- *the data and samples will be owned by the Study and the ESRC. No samples or information will be sold.*
- *The DNA analyses will **not** be used for paternity analysis, life insurance, mortgage applications or police records.*

I also understand my right to withdraw consent for storing the blood sample.

Initial: _____

Print name (respondent): _____

Sign name (respondent): _____

Date: _____

Print name (nurse): _____

Sign name (nurse): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
 Freepost RRXX-KEKJ-JGKS, Understanding Society,
 University of Essex, Wivenhoe Park, Colchester, CO4 3SQ.

If you would like more information on the survey please visit the *Understanding Society* website
www.understandingsociety.org.uk/participants



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Initial: _____

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Sign name (respondent): _____

Date: _____

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Sign name (nurse): _____

Date: _____

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Understanding Society

DISPATCH NOTE FOR BLOOD SAMPLES

Complete all sections CLEARLY and LEGIBLY.

1. SERIAL

WAVE MONTH POINT ADD HH CKL PERSON

2. SEX : Male 1
Female 2

3. DATE OF BIRTH: DD MM YYYY

4. TICK SAMPLE TUBES OBTAINED:

Serum Citrated Plasma EDTA 1 EDTA 2 EDTA 3

5. DATE BLOOD TAKEN: DD MM YYYY

6. DNA CONSENT: Given 1
Not given 2

7. NURSE NUMBER:

**LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING**

STORAGE FACILITY USE ONLY

TUBES ENCLOSED:	✓ if rec'd
Serum	<input type="checkbox"/>
Citrated Plasma	<input type="checkbox"/>
EDTA 1	<input type="checkbox"/>
EDTA 2	<input type="checkbox"/>
EDTA 3	<input type="checkbox"/>

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EDTA 2	<input type="checkbox"/>
EDTA 3	<input type="checkbox"/>

VENEPUNCTURE NOTES

1. Did you experience any problems in taking the blood sample? If yes, please record these below and state what action you took.