



# **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

1

Female

2

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



SERIAL

  
WAVE

  
MONTH

  
POINT

  
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CKL

  
PERSON

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](http://www.understandingsociety.org.uk/participants)





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Date: \_\_\_\_\_

Print name (nurse): \_\_\_\_\_

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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.