[LOCAL Trust headed paper]

Study Number for the EDNA study: | | | | | | |

CONSENT FORM

Title of Project: **E**arly **D**etection of **N**eovascular **A**ge-related macular degeneration (AMD): The EDNA study.

Name of Chief Investigator: **Usha Chakravarthy, Queen's University Belfast.**

Please INITIAL on the lines

1. I confirm that I have read and understand the information sheet (dated 02-11-15 Version 3) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ----------

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ----------

3. I understand that relevant sections of my medical notes and data may be looked at by individuals directly involved in the study, from regulatory authorities, from the Sponsor, or from the NHS Boards or Trusts where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ----------

4. I agree to my GP being informed of my participation in the study. ----------

5. I understand that relevant data collected during the study together with my personal contact details will be kept confidentially and securely by the study office at the University of Aberdeen. ----------

6. **I agree to take part in the EDNA study. ----------**

Optional

7. I give consent to having blood samples taken for storage and future studies. I understand that I will not be identifiable from these samples and that prior approval of an ethics committee will be obtained for any future research using my samples. I understand that I will not benefit financially from research that has used my blood samples. (*optional)* ----------

8. I give consent to researchers working on relevant future studies to access information collected during my participation in EDNA and relevant routine follow up data about my health from NHS, National Health and Registration data sources. I understand that this data will support research in the future and therefore may be shared anonymously with other researchers (optional) ----------

9. I agree that the study co-ordinators can use my contact details to contact me by phone or post or email about future research studies *(optional)* ----------

Name of Participant	Date	Signature

Name of Person taking consent.	Date	Signature

Copies: Original for the EDNA study site file; 1 copy to be kept in hospital notes; 1 copy to the patient

EDNA Study Office, Centre for Healthcare Randomised Trials (CHaRT), Health Services Research Unit, University of Aberdeen, Scotland, AB25 2ZD. Tel 01224 438196. Email: edna@abdn.ac.uk