

## INFORMED CONSENT FORM

Participant Identification Number:

Title of Study: The BRIDGE study - **Bronchiectasis Research Involving Databases, Genomics and Endotyping** to match the right treatment to the right patient

Name of the Researcher: XXXXXXXXX

Sponsors: University of Dundee

Please **initial** box

1. I confirm I have read the participant information sheet, dated ..... (version .....), 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 taking part is voluntary and that I am free to stop the study at any time without giving a reason. Stopping the study will not affect my medical care or legal rights.
3. I agree that confidential information about me may be shared outside my clinical care team (or the research team) where it is needed to carry out this study.
4. I agree to the inclusion of my personal information in the international bronchiectasis registry and understand that it will be used for research purposes.
5. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from University of Dundee, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
6. I agree that confidential information about me may be shared with commercial organisations for the purpose of research.
7. Any information which identifies me will be removed before it is shared.
8. I understand that personal data about me and research data collected during the study will be stored by the University of Dundee.

9. I give permission for researchers to take blood, stool, sputum and swab samples for use in this study. I agree to gift these samples to the Sponsors.
10. I agree that any samples remaining after this study may be stored and used to support ethically approved future research, including research with commercial organisations and potential genetic analysis.
11. I agree that my General Practitioner may be informed that I am taking part in the study.
12. I agree to take part in the above study.

OPTIONAL

13. I understand that spare samples of sputum that are to be discarded by the NHS laboratory may be provided to the researcher for storage and use in this project and in future research [optional]
14. I agree to be contacted by the Researcher and/or research team in in future where I might be suitable for further projects [optional]

\_\_\_\_\_  
Name of Participant (CAPS)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent (CAPS)Date

\_\_\_\_\_  
Signature

2 copies: 1 for participant, 1 to be kept in medical records and 1 for study file.