GlobalMinds ELECTRONIC Informed Consent form

If you agree, please initial/tick the box.

1. I confirm that I have read the participant information sheet version _____, dated __ __ / __ __ / __ __ __ __ and I understand the information that has been shared with me. I have been able to ask any questions that I had and they were answered to my satisfaction.	
2. I understand that participation in this study is voluntary and that I am free to withdraw at any time without giving a reason, without my medical care or legal rights being affected.	
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals at Akrivia Health, regulatory authorities and approved collaborators where it is relevant. I give permission for these individuals to have access to my records and data.	
4. I give permission for Optimum Patient Care (OPC) to collect and provide my primary care records and data to Akrivia Health for the purposes of research.	
5. I agree to providing a blood sample as described in the participant information sheet.	
6. I agree to my sample being used for the purposes defined in the information sheet, including deriving stem cells and cell lines as well as genetic and other biomarker analyses.	
7. I understand that personal data collected for this study will be handled under the terms of the UK data protection law, including General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. I understand that the data from the study will be archived for [5] years after the end of the trial, and fully anonymised data will be kept indefinitely. A full privacy notice is available at [insert link].	
8. I understand that the data collected about me may be shared anonymously or in a pseudonymously (coded) form with other researchers as applicable. I understand that these researchers will not be allowed to attempt to re-identify me from my study data, and that they will work in line with UK GDPR.	
9. I agree to take part in this study and undergo the procedures explained in the information sheet	

We hope that many people who take part in GlobalMinds may be willing to hear about other opportunities to be involved in mental health research in the future. We would appreciate your agreement to contact you again, by ticking the following statements, but they are not required for taking part in GlobalMinds.	
10. I agree to be contacted by Akrivia Health for future clinical studies that they feel I may be eligible for based on the data collected about me in GlobalMinds.	
11. Based on my data collected during GlobalMinds, I agree to be contacted to complete additional questionnaires about my health as part of GlobalMinds.	
12. I am interested in being involved with Akrivia Health's patient and public involvement activity and agree to be contacted for this purpose.	
13. I agree to be contacted by Akrivia Health to be updated with news and updates about Akrivia.	
14. Biobanking Consent: I agree for my sample to be passed to an ethically approved centre that holds samples (a biobank) when it is no longer needed in this study. I understand my samples may be accessed by researchers from the UK and abroad, including industry researchers, and may be used for DNA analysis or in further scientific studies. By consenting, I understand I can withdraw my consent and my sample at any time and that information including my NHS number and medical records, may also be passed to the biobank but my identity will never be released to a researcher.	

Participant Information	
Signature	
First name	
Last name	
Date	

Clinician/Researcher Information	
Signature	
First name	
Last name	
Date	

A copy of this eConsent should be shared with the participant via their chosen email address for their records.