

CONSENT FORM A

Study title: Singapore Consortium of Cohort Studies (SCCS)- Multi-ethnic cohort
Principal investigator: Prof Chia Kee Seng, National University of Singapore
SCCS hot line: 64789608

I agree to provide my NRIC number for the use of this research. Yes No

I agree to participate in the survey about my health, diet and exercise, and my use of tobacco, alcohol, and medicines. Yes No

I agree to allow researchers to confirm my health status by contacting my doctor. Yes No

I agree to allow researchers to confirm my health status by contacting the National Disease Registry Office. Yes No

I agree to allow my relevant medical information to be gathered from my medical records for this study. Yes No

I agree to allow my relevant medical information to be gathered from my medical records for future research. Yes No

I agree to undergo a health screening, including a donation of up to 40mls (~ 4 tablespoons) of blood. Yes No

I have been given a chance to ask questions and feel that all of my questions have been answered. I know that participation in this study is my choice and that refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. In addition, I know that giving a sample for this study is my choice and that refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. I may also discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled. I have been given a copy of the participant information sheet that explains the use of my information, blood and/or urine in this research, and consent form to keep. I will not have any rights to any commercial benefits that result from this research. I also agree that I will not derive any monetary or other benefits from this research.

I have been informed that any questions pertaining to this research can be directed to SCCS at 6478 9608. Any questions I have regarding my rights as a research subject can be directed to the National University of Singapore-Institutional Review Board (Attn:Mr Chan Tuck Wai 6516 1234).

If I have any questions about the Singapore Tissue Network, I may contact Ms Lim Lee Yan at 6478 8489.

Appendix C

Name (as per NRIC) of participant

NRIC (participant)

Signature/ thumb print (participant)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Day Month Year

I observed the process of consent. The prospective participant read this form, was given the chance to ask questions, appeared to accept the answers, and signed to enroll in the study.

Name (as per NRIC) of consent taker

Signature/ thumb print (consent taker)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Day Month Year

Name (as per NRIC) of translator

Relationship to participant

Signature/ thumb print (translator)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Day Month Year

* Include this section if participant is unable to understand English and read any of the translated consent documents available.