

**CONSENT FORM B**

**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 undergo a health screening and donate up to 40mls (~ 4 tablespoons) of my blood for future studies of diseases and health conditions. Yes  No

I agree to donate a urine sample for future studies of diseases and health conditions. Yes  No

I agree to donate my samples for future genetic research. This material may be made available to qualified scientists, who will have to obtain approval from a relevant institutional review board. Yes  No

I agree to allow my stored samples to be used for commercial development Yes  No

I agree to have dilating eye drops put into my eyes. Yes  No

I agree to have my retinal photograph taken. Yes  No

I agree to be re-contacted in 3-5 years time. 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.

\* This research has been explained to me in \_\_\_\_\_ (state language),  
which I understand, by \_\_\_\_\_ (name of translator as per NRIC).

*Name (as per NRIC) of participant*

*NRIC (participant)*

*Signature/ thumb print (participant)*

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*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)*

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*Day Month Year*

*Name (as per NRIC) of translator*

*Relationship to participant*

*Signature/ thumb print (translator)*

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*Day Month Year*

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