

IRAS ID:266324

REC Ref: 20/LO/0873

Principal Investigator
Simon Baron-CohenDirector, Autism Research Centre
Douglas House
18b Trumpington Road
Cambridge CB2 8AH**CONSENT FORM (Adult Participant)****Title of Project: Spectrum 10K**

1. I confirm that I have read the information sheet dated 07/Dec/2020 (version 3.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

Please tick Yes or No: Yes No

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.

Please tick Yes or No: Yes No

3. I agree that my personal details (name, date of birth, NHS number, and contact details (address, email, telephone number etc.) can be stored long-term on a secure database to allow the Spectrum 10K study team to contact me.

Please tick Yes or No: Yes No

4. I agree for the study team to contact my GP in circumstances that may be relevant for my clinical care.

Please tick Yes or No: Yes No

5. The University of Cambridge and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) are joint sponsors for this study and will act as data controller. I understand that identifiable and non-identifiable information will be stored securely for long-term.

Please tick Yes or No: Yes No

6. I understand that the information from my medical records held and maintained by NHS Digital (England), SAIL databank (Wales), eDRIS (Scotland), HSCNI (Northern Ireland) may be used to provide information about my health status, care and treatment for autism (if applicable) and other health conditions relevant to this research. To obtain information from these records, I understand that my NHS number and date of birth will be shared with these organisations to identify my medical records and data from these records will be shared back with the research team.

I give permission for authorised individuals from the Spectrum 10K team to access my medical and health-related records, and to analyse and store this information long-term.

Please tick Yes or No: Yes No

7. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the University of Cambridge, CPFT, and from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research.

Please tick Yes or No: Yes No

8. I understand that the Spectrum 10K study team may contact me to invite me to participate in other studies being conducted at the Autism Research Centre based on my questionnaire, clinical or genetic information.

Please tick Yes or No: Yes No

9. I understand that my DNA will be extracted from my saliva sample. My DNA will be stored anonymously, long-term for analysis, which may include the reading of the entire genetic code.

Please tick Yes or No: Yes No

10. If appropriate, I agree to donate a second saliva sample if my sample is insufficient in quantity or quality.

Please tick Yes or No: Yes No

11. I agree that my anonymised data and DNA can be used in future studies, shared with academic collaborators and included on external research databases for future use.

Please tick Yes or No: Yes No

12. I give permission for the Spectrum 10K study to send me updates/reminders about my participation progress.

Please tick Yes or No: Yes No

13. I agree to take part in the Spectrum 10K study.

Please tick Yes or No: Yes No

14. (Optional) I agree that my anonymised data and DNA can be used in future studies and shared with commercial collaborators. I understand that I will not benefit financially if this research leads to new medical tests, treatments or interventions.

Please tick Yes or No: Yes No

15. (Optional) I give permission for the Spectrum 10K study to send me newsletters/updates about the study.

Please tick Yes or No: Yes No

Name of Participant

Date

Signature