

Subject number:

Tracking Parkinson's

(PRoBaND: Parkinson's Repository of Biosamples and Networked Datasets)

Consent Form for: Relatives of patients with Parkinson's disease

**Please initial
each box**

I confirm that I have read and understand the information sheet dated 28/10/11 (version 1.2) for the above study and have had the opportunity to ask questions.

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.

I understand that sections of my medical notes may be looked at by the research team where it is relevant to my taking part in the research. I give my permission for the research team to have access to my records.

I agree to my blood samples and data being used as a gift for medical research (and as such there will be no payment).

I agree to my General Practitioner being informed of my participation in the study

I agree to take part in the above study

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

1 copy to the subject, 1 copy to the subject's notes, 1 Original for Investigator file