

COVID-19 capillary and venous blood antibody testing study**Participant study number****CONSENT FORM** Version 2.0 (11/12/2020)

Chief Investigator: Professor Nicholas Wareham

Please tick

1. I confirm that I have read and understood the information sheet version () dated (_ / _ / ____) for the above study and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.
3. I understand that samples I have given and the information collected about me can be stored by the MRC Epidemiology Unit, University of Cambridge.
4. I agree to give blood samples for this research study.
5. I understand that my anonymised samples and data may be used to support other research in the future, and may be shared anonymously with other researchers. This could include collaborators overseas or in the commercial sector.
6. I understand that I will not benefit financially from this study.
7. I agree to take part in this study.
8. I wish to receive the results of the antibody test performed in this study.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant (BLOCK CAPITALS)-----
Date-----
Signature