CONSENT BY SUBJECT FOR PARTICIPATION IN A HUMAN INTERVENTION STUDY

Subject Number:

Study Title: Blood Biomarkers for diagnosis and prognosis of concussion
Principal Investigator: Dr John Mulvihill

Participation in this study is voluntary and you may withdraw at any time for any reason

- The research project and procedure associated with it have been fully explained to me.
- All experimental procedures have been identified and no guarantees have been given about the possible results.
- I have had the opportunity to ask questions concerning any and all aspects of the project and any procedures involved.
- I am aware that participation is voluntary and I may withdraw consent at any time.
- I am aware that my decision not to participate or to withdraw will not restrict my access to health care services normally available to me.
- Confidentiality of records concerning my involvement in this project will be maintained in an appropriate manner and that your data is protected.
- I understand that portions of my team medical records may be looked at by responsible individuals from the research team. I give permission for these individuals to have access to my records.
- I understand that the investigators have such insurance as is required by law in the event of injury resulting from this research.

I, the undersigned, hereby consent to participate as a subject in the above described project conducted at the University of Limerick. I have received a copy of this consent form for my records. I understand that if I have any questions concerning this research, I can contact the Doctor listed below. If I have further queries concerning my rights in connection with the research, I can contact the Secretary Research Ethics Committee, Jean Saunders – Faculty of Science and Engineering Ethics Chair, 061 213471.

Analyses of all samples and information collected will be conducted in the University of Limerick. On some occasions the analyses may be done in collaboration with third parties, including commercial partners, which may require samples to be shipped to and/or analysed by these organisations. In addition, samples and data will be stored and may be used in other research studies within this topic of research only (i.e. brain injury, brain health, and any other neurological based diseases). In all cases, samples and data will be coded with anonymized identifier numbers.

(***please tick box if you agree***) ☐

Access to samples and/or data will require approval from the Executive Management Group of the Faculty of Science and Engineering, University of Limerick.

(***please tick box if you agree***) ☐

The data generated from this study can be returned to you in its raw format. Any identified biomarkers from this study can be used and disseminated by the principal investigator.

(***please tick box if you agree***) ☐

I agree that my contact details may be made available for a follow up check on my status following my participation by the this project or its CREC approved collaborators

(***please tick box if you agree***) ☐

After reading the entire consent form, if you have no further questions about giving consent, please sign where indicated.

Subject's Signature: _____ Date: _____

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NAME (BLOCK LETTERS): _____ Time: _____