

## Remote population surveillance for COVID-19 in the Fenland cohort

### Participant study number

### CONSENT FORM A Version 2.0 (22/06/2020)

Chief Investigator: Professor Nicholas Wareham

IRAS Number: 282535

**Please tick  
each box**

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 my participation might be extended beyond the initial 6 months, depending on the nature of the COVID-19 epidemic and governmental recommendations.
4. I agree to provide a blood sample at required intervals to test to see if I have had COVID-19 infection.
5. I understand that samples I have given and the information collected about me in this study and its sub-study will be stored by the MRC Epidemiology Unit, University of Cambridge and will be used in other research in the future, including genetic analyses, and may be shared anonymously with other researchers including researchers overseas (including outside the EU) or in commercial companies.
6. I understand that the information held and maintained by The Health and Social Care Information Centre and other central UK NHS bodies may be used to help contact me or provide information about my health status for the purposes of this study.
7. I understand that I will not benefit financially if this research leads to the development of a new treatment, medical test or other commercial product.
8. I am willing to allow responsible individuals from the Fenland Study to access information from my medical records for the purposes of this study.
9. I agree to take part in this study

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Name of Participant (BLOCK CAPITALS)

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Date

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Signature