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**The Raine Study– Mental Health, Spinal Pain, the Metabolic Syndrome, the Hypothalamic–Pituitary–Adrenal Axis, and Hepatic Disease in Middle Adolescence**

**Parent consent form: genetic studies**

I consent to the collection from me of blood (via venepuncture) or saliva from which DNA will be extracted and stored for the gene studies that have been explained to me as part of The Raine Study – ‘Mental Health, Spinal Pain, The Metabolic Syndrome, The Hypothalamic–Pituitary–Adrenal Axis, and Hepatic Disease in Middle Adolescence’.

I consent to my DNA being used for gene research into the development of obesity, diabetes, hypertension, stress and anxiety, coeliac disease and haemochromatosis.

I understand that the DNA will not be used for purposes other than that specified above and will not be used for diagnostic purposes.

Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Investigators statement**

I \_\_\_\_\_ have carefully explained to the signatory the nature of the above project. I hereby certify that to the best of my knowledge, the person who is signing this consent form understands clearly the nature, demands, benefits and risks involved in his/her participation and his/her signature is legally valid. A medical problem or language or education barrier has not precluded this understanding.

\_\_\_\_\_  
Signature of Principal Investigator or Proxy

\_\_\_\_\_  
Date