

THE RAINE EYE STUDY

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Raine ID

CONSENT FORM

DNA (GENETIC) TESTING & STORING

I, _____ have read the Information Sheet on DNA (GENETIC) TESTING & STORING. Any questions that I may have had, have been answered to my satisfaction.

I agree that my DNA can be used for epigenetic studies, which is studying how non-genetic factors (lifestyle, diet) affect DNA.
I agree that my DNA can be used for genetic analysis of risk factors associated with the development of childhood and adult health and disease. I understand the DNA will not be used to diagnose disease
I agree that my DNA can be stored for future research and analysis.
I understand that at anytime samples of my DNA and data on the DNA will be discarded upon my written request.
I understand that my de-identified DNA sample may be analysed outside of Australia as part of international collaborations studying the genetic/epigenetic basis of health and disease.
I understand that the fact that I have given DNA and any results of the DNA analysis will not be revealed or made available to any other person or organisation except in circumstances where disclosure is required by law.

Dated _____ day of _____ 20 _____

Signed _____

The Human Research Ethics Committee at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the researcher or, alternatively to the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009 (Ph: 6488 3703). All study participants will be provided with a copy of the Information Sheet and Consent Form for their personal records.