

The connection between the increased thrombotic risk and Parkinson's disease

Consent Form for Healthy Volunteers: First Visit

Name of Chief Investigator: Dr Caroline Kardeby

Please initial boxes

1	I confirm that I have read and understand the Participant Information Sheet [1.1, 20231113] for the above study.	
2	I have had the opportunity to consider the information of the Participant Information Sheet, ask questions, and the researchers have answered as much as they possibly can.	
3	I understand that my participation is voluntary and that I am free to withdraw at any time during the study, without giving a reason and without my legal rights being affected.	
4	I understand that I am able to withdraw my data until the end of the study 31/10/2028, and that it may not be possible to remove data from analyses that have already been performed and/or published.	
5	I agree to my personal data and data relating to me collected during the study being processed as described in the Participant Information Sheet.	
6	I agree to blood samples being taken and analysed as described in the Participant Information Sheet.	
7	I agree to my anonymised data being used by research teams for future research.	
8	I agree to any blood samples remaining at the end of the study being used in anonymised form for future research.	
9	OPTIONAL: I wish to be contacted to attend a second visit at Aston University. Please provide your contact details on the next page if you say yes to this option.	
10	OPTIONAL: I agree to my personal data being processed for the purposes of inviting me to participate in future research projects. I understand that I may opt out of receiving these invitations at any time. Please provide your contact details on the next page if you say yes to this option.	
11	OPTIONAL: I agree to my personal data being processed for the purposes of contacting me again in 5 years to ask about my clinical status. I understand that I may opt out of receiving these invitations at any time. Please provide your contact details on the next page if you say yes to this option.	

12	<p>OPTIONAL: I wish to receive a lay summary of the research project upon its completion.</p> <p>Please provide your contact details on the next page if you say yes to this option.</p>	
13	I agree to take part in this study.	

Name of participant

Date

Signature

Name of Person receiving
consent.

Date

Signature

If you wish to receive a lay summary of the research project upon its completion, be invited to a second visit, or be contacted again for future participation, please provide your contact details below.

We will not contact you for any other purpose than what you have agreed to.

**Your preferred means of contact
(Please provide an e-mail or postal address):**