



West Glasgow Hospitals University NHS Trust 32

THE INFECTION, TROPICAL MEDICINE AND COUNSELLING SERVICE
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PATIENT CONSENT FORM

STUDY TITLE: CHRONIC HEPATITIS B AND C INFECTION: HOST
GENETICS AND INTERFERON RESPONSE

Researcher: Dr. A. J. Uriel

1. I am over 18 years of age. ☒

2. I can confirm that I have read and understood the information sheet
(ver. 2 07/99) for the above study. ☒

3. I have had the opportunity to discuss the research, and ask questions. ☒

4. I understand that my participation is voluntary, and that I may withdraw at
any time, without my medical care or legal rights being affected. ☒

5. I agree to have a blood sample taken for the tests described in this study. ☒

I also agree a) that part of my stored liver sample(s) can be used for the
above tests (applies only if you have already had a liver biopsy or
biopsies). ☒

or b) that if my own consultant feels it is necessary for me to
have a liver biopsy in the future, part of any such specimen
can be used for the tests described in this study. ☒

6. If I withdraw, I understand that my blood sample, and any liver specimens
also used in the study, will be destroyed, along with any records relating to
them. ☒



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7. I understand the results will not be added to my medical records, but that information in my case notes is essential to evaluate the results of the study. I agree to the named study co-ordinator, Dr. A. J. Uriel, having access to my medical records on the understanding that information obtained will be kept confidential. ☒

- 8.a. I understand that at the end of the study the paper records held by the study co-ordinator will be destroyed leaving the DNA in a tube labelled only by a code number. I understand it will not then be possible to identify which tube contains my specimen. I agree that my DNA can be stored and may be used in future research. ☒

- b. I understand that at the end of the study the paper records held by the study co-ordinator will be destroyed and I prefer that my DNA specimens are also destroyed so that they are not available for use in any future studies. ☐

GRO-B

Name of patient

21/12/99
Date

GRO-B

Signature

LIZ SPENCE
Name of person taking
consent if different from
researcher21.12.99
Date

GRO-C

Signature

Dr. A. J. Uriel

Date

Signature

Copy to patient ☒Copy to researcher ☒Copy for hospital notes ☒