



Digital assessment of auditory perception in dementia (DIADEM) Study - Consent Form

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Please sign your INITIALS in each box to indicate agreement

1. I confirm that I have read and understood the patient information sheet (version TBC) for this study dated TBC. I have had the opportunity to consider this information, ask questions, and have had all my queries answered satisfactorily. ☐
2. I understand that my participation is voluntary and I am free to withdraw from the study at any time without needing to give a reason. I understand that this will not affect my medical care or legal rights in any way. ☐
3. I understand that I will be asked to answer some questions and complete some brief cognitive tests, and that I will be contacted again in 1 year to complete some online tests (optional) and at 2 years to repeat the questions and tests either by coming to one of our sites or being visited by a researcher at my home. ☐
4. I understand that I will need to have a blood sample taken by a trained member of the research team, and that this blood sample will be stored for future analysis including analysis of genetic markers of dementia risk. ☐
5. I understand that I will be assigned a unique non-identifiable ID number and that only this ID number will be used during the study. ☐
6. I consent to my GP being informed of my participation in this study. ☐
7. I consent to the research team accessing information contained within my medical records, including any brain scans I may have had ☐
8. I give permission for the research team at Queen Mary University of London, individuals from regulatory authorities, and individuals from NHS Trusts involved in this study to have access to data pertaining to me that is collected during the study, including data from my medical records. ☐
9. I understand that I will not receive my individual study results, but that a summary of the overall study findings will be sent to me. ☐
10. I agree to take part in this study. ☐
11. I consent to being contacted by the research team regarding my participation in future follow-up studies (optional). ☐

Participant unique ID:

REC reference number:
IRAS project ID: 333204

Participant Name

Date

Signature

Researcher

Date

Signature