

Research to improve the  
lives of people living with  
mental health conditions



mental health  
research powered  
by people

**If you wish to take part in GlobalMinds,  
please complete this form to show you  
understand and agree to what it involves.**

| To take part, you need to agree to all items from 1 to 10.                                                                                                                                                                                                                                                                                                                                                                            | Tick to agree |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1 I confirm that I have read the participant information sheet version ___, dated ___ / ___ / ___ and I understand the information that has been shared with me.                                                                                                                                                                                                                                                                      |               |
| 2 I give permission for Akrivia Health (who run GlobalMinds) to access and link to my NHS medical records, such as hospital and GP notes.                                                                                                                                                                                                                                                                                             |               |
| 3 I give permission for Optimum Patient Care (OPC) to collect and provide my primary care records and data to Akrivia Health for the purposes of research.                                                                                                                                                                                                                                                                            |               |
| 4 I understand that my name and contact details may be seen by the GlobalMinds team at Akrivia Health, by regulatory bodies and by approved suppliers who process data on Akrivia's behalf (such as the company sending out sample kits).                                                                                                                                                                                             |               |
| 5 I understand that the health records and data collected about me may be shared in non-identifiable forms with researchers. I understand that these researchers will not be allowed to attempt to identify me from my study data, and that they will work in line with UK data protection regulations.                                                                                                                               |               |
| 6 I agree to provide a saliva OR blood sample [delete as appropriate] and understand that this will be analysed and stored for mental health research.<br><b>[If the participant selects blood], the following consent statement will appear:</b><br>I agree to my sample being used for the purposes defined in the information sheet, including deriving stem cells and cell lines as well as genetic and other biomarker analyses. |               |
| 7 I understand that personal data collected for this study will be handled under the terms of the UK data protection law, including UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018.                                                                                                                                                                                                                    |               |
| 8 I understand that the identifiable data collected by GlobalMinds will be kept for 5 years after the end of the research programme, and fully anonymous data will be kept indefinitely.                                                                                                                                                                                                                                              |               |
| 9 I understand that I can withdraw from GlobalMinds at any time without giving a reason, and that this will not affect my normal care or legal rights in any way.                                                                                                                                                                                                                                                                     |               |
| 10 I understand that if I withdraw from GlobalMinds, some research may have already taken place using my data and samples, and this cannot be reversed.                                                                                                                                                                                                                                                                               |               |
| 11 I agree to take part in the GlobalMinds Programme.                                                                                                                                                                                                                                                                                                                                                                                 |               |
| <p><b>We hope that many people who take part in GlobalMinds may be willing to hear about other opportunities to be involved in mental health research in the future. We would appreciate your agreement to contact you again, by ticking the following statements, but they are not required for taking part in GlobalMinds.</b></p> <p><b>Based on your health records and data collected in GlobalMinds...</b></p>                  |               |
| 12 I agree to be contacted by GlobalMinds in the future to gather more information about me and my condition.                                                                                                                                                                                                                                                                                                                         |               |
| 13 I agree to be contacted by Akrivia Health for other future research studies that I may be eligible for.                                                                                                                                                                                                                                                                                                                            |               |
| 14 <b>Biobanking Consent:</b> I agree for my sample to be passed to an ethically approved centre that holds samples (a biobank) when it is no longer needed in this study. I understand my samples may be accessed by researchers from the UK and abroad, including industry researchers, and may be used for DNA analysis or in                                                                                                      |               |

further scientific studies.

By consenting, I understand I can withdraw my consent and my sample at any time and that information including my NHS number and medical records, may also be passed to the biobank but my identity will never be released to researcher.

15 I agree to be contacted by Akrivia Health about their patient and public involvement activity.

Please sign

Signature: \_\_\_\_\_

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Read Only