

Study Contact:
COVID-Out@hse.gov.uk
 0771 267 6590

Participant Consent Form for Workers

The COVID-OUT Study

COVID-19 Outbreak investigation to Understand Transmission

If you agree, please initial box

About the research study	
I have read and understood the participant information sheet (version V2.1) and I have been given the opportunity to ask questions.	
I understand that I am free to withdraw from the study at any point, without giving any reason.	
Information collected about me	
I agree to complete a study questionnaire.	
I agree to have a blood test to measure my antibody levels at the beginning of the study and to repeat the test six weeks later.	
I agree to donate the remaining serum sample from my blood test, after any information that can identify me is removed, to the PHE Seroepidmiology Unit collection for further research.	
I agree to have my nose and throat swabbed to see if I have any virus and to answer some questions about any recent symptoms before any repeated swab test.	
If my swab test is positive, I agree for my samples to be sent for virus genetic analysis to determine the strain of the virus.	
I agree to have wipe samples from the surface of my hands to test for virus, if required	
If my skin wipe test is positive, then I agree to have the wipe samples to be sent for virus genetic analysis to determine the type of virus.	
I understand the study team may take photographs of the work environment and if I am in the photographs, I know that my image will be covered or blurred in these photographs so that I cannot be recognised.	
I agree to members of the PHE/HSE field study team having access to my personal data during the field study for purposes connected with the study as outlined to me.	
I understand that the team at PHE will process personal data that I supply. They will remove any information that may identify me such as my name, address and data of birth from the personal data before sharing them with the Health and Safety Executive, the University of Manchester, the London School of Hygiene & Tropical Medicine for this study and for further research in the public interest. I understand that my personal data will be protected by the Data Protection Act 2018 and the General Data Protection Regulations (GDPR).	
I agree to take part in this study.	

About future research studies	
I understand that the information held by PHE about me may be used to contact me for potential follow-up studies in the future with appropriate ethical approval	

Full Name (BLOCK CAPITALS) _____

Signature _____

Date _____

WISH TO WITHDRAW FROM THIS STUDY

If you consent to take part in the study but then change your mind, you can withdraw without giving a reason at any time. Any information collected from you before withdrawal will still be used in the study and writing up the results.

SOME INFORMATION ABOUT YOU

We are asking you to provide the following information about you so that the team at Public Health England (PHE) can contact you to arrange tests, to let you know the results and to link the information you provide using an anonymous code before sharing them with the rest of the study team for research.

1. Your contact details:

Address line 1 _____

Address line 2 _____

Town/City _____

Postcode _____

Mobile phone number (preference) _____

Other phone number _____

Email _____

2. Date of Birth (so we can link to your COVID tests) _____ (dd/mm/yyyy)