

SERIAL NUMBER (8 DIGIT)

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CKL

☐

PARTICIPANT NUMBER

☐

P12229.01
OFFICE COPY
ADULTS 16+

NATIONAL DIET AND NUTRITION SURVEY Y11

Linking survey answers to other information

The National Health Service (NHS) maintains medical and health records on all patients who use their services, such as:

- In-patient and out-patient visits to hospital, length of stay and waiting times
- Information about specific medical conditions such as cancer
- Details about when people pass away, the date and cause of their death.

The National Diet and Nutrition Survey has been running since 2008 and provides valuable information on what people eat and how this may affect their health. We would like to ask for your permission to add information from some medical and health records to the answers you have provided in the survey. The information we would like to add is from the Hospital Episodes Statistics data, civil registration mortality data (held by the appropriate governing body, currently NHS Digital) and Cancer Registration data (held by the appropriate governing body, currently Public Health England). To link this information we need to send your name, address and date of birth to NHS Digital so they can identify your health records, and your health records would then be linked to the anonymised survey data, using a unique ID.

In addition to the Hospital Episodes Statistics data and civil registration mortality data, NHS Digital will provide the Cancer Registration data on behalf of Public Health England.

By linking this information we can look at how a person's lifestyle can have an impact on their future health. For example, if a person who took part in the National Diet and Nutrition Survey gets cancer or dies, the type of cancer or cause of death will be linked with their answers to the survey.

As we would like to look at long term trends in people's health, we have not set a limit on how long we will keep your information.

This information will be used for statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.

By signing this form you are only giving permission to link survey information to administrative health data (as detailed above), and nothing else. We will not be able to obtain any other details from your medical records.

You can cancel this permission at any time in the future by writing to: **NatCen Social Research, 35 Northampton Square, London EC1V 0AX**, or you can telephone: **0800 652 4572**. You do not need to give a reason to cancel this.

For further information please visit: www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey

Your consent:

I consent to my survey answers being linked to:

Hospital Episodes Statistics data

Civil registration mortality data

Cancer registration data

Please
tick

☐
☐
☐

I understand that information held and managed by NHS Digital and Public Health England (PHE) may be used in order to provide information about my health status.

I understand that these details will be used for statistical and research purposes only.

Participant signature

Participant name

Date

Interviewer signature

Interviewer name

Date

SERIAL NUMBER (8 DIGIT)

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Linking survey answers to other information

The National Health Service (NHS) maintains medical and health records on all patients who use their services, such as:

- In-patient and out-patient visits to hospital, length of stay and waiting times
- Information about specific medical conditions such as cancer
- Details about when people pass away, the date and cause of their death.

The National Diet and Nutrition Survey has been running since 2008 and provides valuable information on what people eat and how this may affect their health. We would like to ask for your permission to add information from some medical and health records to the answers you have provided in the survey. The information we would like to add is from the Hospital Episodes Statistics data, civil registration mortality data (held by the appropriate governing body, currently NHS Digital) and Cancer Registration data (held by the appropriate governing body, currently Public Health England). To link this information we need to send your name, address and date of birth to NHS Digital so they can identify your health records, and your health records would then be linked to the anonymised survey data, using a unique ID.

In addition to the Hospital Episodes Statistics data and civil registration mortality data, NHS Digital will provide the Cancer Registration data on behalf of Public Health England.

By linking this information we can look at how a person's lifestyle can have an impact on their future health. For example, if a person who took part in the National Diet and Nutrition Survey gets cancer or dies, the type of cancer or cause of death will be linked with their answers to the survey.

As we would like to look at long term trends in people's health, we have not set a limit on how long we will keep your information.

This information will be used for statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.

By signing this form you are only giving permission to link survey information to administrative health data (as detailed above), and nothing else. We will not be able to obtain any other details from your medical records.

You can cancel this permission at any time in the future by writing to: **NatCen Social Research, 35 Northampton Square, London EC1V 0AX**, or you can telephone: **0800 652 4572**. You do not need to give a reason to cancel this.

For further information please visit: www.natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey

Your consent:

I consent to my survey answers being linked to:

Hospital Episodes Statistics data

Civil registration mortality data

Cancer registration data

Please
tick

☐
☐
☐

I understand that information held and managed by NHS Digital and Public Health England (PHE) may be used in order to provide information about my health status.

I understand that these details will be used for statistical and research purposes only.

Participant signature

Participant name

Date

Interviewer signature

Interviewer name

Date

National Diet and Nutrition Survey (NDNS) Spot Urine Sample

ADULT CONSENT FORM (16+ years)

MREC Reference Number: 13/EE/0016

STICK UCON LABEL
HERE

Please use capital letters and write in ink

SERIAL NUMBER

--	--	--	--	--	--	--	--

CHECK LETTER

--

PARTICIPANT No.

--

SEX

1

MALE

2

FEMALE

DATE OF BIRTH

D	D	M	M	Y	Y
---	---	---	---	---	---

Please initial/ tick
boxes

- I confirm that I have read and understand the NDNS Spot Urine Collection information sheet(s) dated 01.04.2018 (version 1) for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily.
- I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving a reason and without my medical care or legal rights being affected.
- I consent to provide a urine sample for the measurement of Iodine.
- I give permission for any remaining urine to be stored and, with ethical approval as appropriate, used in future research studies.

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Name of Participant (Please print)

Date

Signature

Name of Interviewer (Please print)

Date

Signature

When completed: bottom copy for participant; top copy for NatCen office
You can cancel this permission at any time in the future by writing to us at the following address:
NatCen Social Research, 35 Northampton Square, London EC1V 0AX.
Telephone: 0800 652 4572

N12229.01

Please use capital letters and write in ink

INDIVIDUAL SERIAL NUMBER:

Please write in below:

**CHECK
LETTER**

**RESP.
No.**

ADDRESS

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**STICK
NCON
LABEL HERE**
(If providing
blood sample)

1.	Nurse number:					2.	Date schedule completed (all visits complete):	DAY:			MONTH:			YEAR:				
----	---------------	--	--	--	--	----	--	------	--	--	--------	--	--	-------	--	--	--	--

3. Full name (of person tested) _____

Name by which GP knows person (if different) _____

4.	Sex	Male	1	5. Date of birth:	DAY:			MONTH:			YEAR:				
		Female	2												

6. Full name of parent/guardian (if person under 16) _____

7. **GP NAME AND ADDRESS** (Please complete fully)

Dr:

Practice Name:

Address:

.....

Town:

County:

Postcode:

Telephone no:

NURSE USE ONLY

GP Address complete	1
GP Address not complete	2
No GP	3

SUMMARY OF CONSENTS—RING CODE FOR EACH ITEM		YES	NO
a)	Read and understood the Stage 2 Information Sheet	01	02
b)	Understand right to withdraw	03	04
c)	Sample of blood to be taken	05	06
d)	Blood sample for storage	07	08
e)	Blood sample result to participant	09	10
f)	Blood sample result to GP	11	12
g)	Does not wish to receive results or have them sent to GP	13	14
h)	Agrees survey doctor can contact to discuss results if necessary – Children aged 1.5-15 years	15	16

BLOOD SAMPLE LABORATORY REFERENCE LIST

The tables below show which blood samples should be taken (in priority order) and need to be sent to each lab for each age group:

PARTICIPANTS AGED 16+

Priority	Blood Tube	Colour	Label Reference	Laboratory
1	EDTA K3 2.0 ml	Lilac	EN1	BioRepository
2	Serum TE 6.0 ml	Royal Blue	SEN1	Field Lab
3	Li Hep LH 6.0 ml	Green	LHN1	Field Lab
4	Serum TE 6.0 ml	Royal Blue	SEN2	Field Lab
5	Li Hep LH 6.0 ml	Green	LHN2	Field Lab
6	EDTA K3 4.0 ml	Purple	EN2	Field Lab

PARTICIPANTS AGED 7-15

Priority	Blood Tube	Colour	Label Reference	Laboratory
1	EDTA K3 2.0 ml	Lilac	EN1	BioRepository
2	Serum TE 6.0 ml	Royal Blue	SEN1	Field Lab
3	Li Hep LH 6.0 ml	Green	LHN1	Field Lab
4	Serum TE 6.0 ml	Royal Blue	SEN2	Field Lab

PARTICIPANTS AGED 18 mths – 6 yrs

Priority	Blood Tube	Colour	Label Reference	Laboratory
1	EDTA K3 2.0 ml	Lilac	EN1	BioRepository
2	Serum TE 6.0 ml	Royal Blue	SEN1	Field Lab
3	Li Hep LH 4.0 ml	Green	LHN1	Field Lab

**National Diet and Nutrition Survey (NDNS) Nurse Visit
ADULT CONSENT FORM (16+ years)**

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER	CHECK LETTER	RESPONDENT No.	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	Please initial/tick boxes if consent given

1. I confirm that I have read and understand the NDNS Stage 2 information sheet (s) dated 23.01.2018 for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw from any part of the study, at any time, without giving a reason and without my medical care or legal rights being affected. ☐

_____ Name of participant (please print)	_____ Date	_____ Signature
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_____ Name of nurse (please print)	_____ Date	_____ Signature
---------------------------------------	---------------	--------------------

BLOOD SAMPLE

3. I agree to have a blood sample taken as part of the study. ☐
4. I give permission that my blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies. ☐
5. I would like to receive my blood results which are clinically relevant. ☐
6. I consent to my GP being notified of my blood results which are clinically relevant. ☐

7. **You will be required to consent to the statement below if you do not want to receive your blood results AND if you do not want them sent to your GP.**
I confirm that against the advice of the NDNS survey team, I do not want to receive my blood results which are clinically relevant or have them sent to my GP. I understand that if there are findings outside of the normal range, this will not be brought to the attention of any health care provider. ☐

_____ Name of participant (please print)	_____ Date	_____ Signature
---	---------------	--------------------

_____ Name of nurse (please print)	_____ Date	_____ Signature
---------------------------------------	---------------	--------------------

National Diet and Nutrition Survey (NDNS) Nurse Visit ADULT CONSENT FORM (16+ years)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER	CHECK LETTER	RESPONDENT No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Please initial/tick boxes if consent given

- I confirm that I have read and understand the NDNS Stage 2 information sheet (s) dated 23.01.2018 for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily. ☐
- I understand that my participation is voluntary and that I am free to withdraw from any part of the study, at any time, without giving a reason and without my medical care or legal rights being affected. ☐

_____ Name of participant (please print)	_____ Date	_____ Signature
---	---------------	--------------------

_____ Name of nurse (please print)	_____ Date	_____ Signature
---------------------------------------	---------------	--------------------

BLOOD SAMPLE

- I agree to have a blood sample taken as part of the study. ☐
- I give permission that my blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies. ☐
- I would like to receive my blood results which are clinically relevant. ☐
- I consent to my GP being notified of my blood results which are clinically relevant. ☐

- You will be required to consent to the statement below if you do not want to receive your blood results AND if you do not want them sent to your GP.**
I confirm that against the advice of the NDNS survey team, I do not want to receive my blood results which are clinically relevant or have them sent to my GP. I understand that if there are findings outside of the normal range, this will not be brought to the attention of any health care provider. ☐

_____ Name of participant (please print)	_____ Date	_____ Signature
---	---------------	--------------------

_____ Name of nurse (please print)	_____ Date	_____ Signature
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**National Diet and Nutrition Survey (NDNS) Nurse Visit
PARENTAL/GUARDIAN CONSENT FOR CHILD (1.5-3 YEARS)**

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER	CHECK LETTER	RESPONDENT No.
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

Please initial/
tick boxes if
consent given

Name of Child _____

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Stage 2 information sheet(s) dated 23.01.2018 for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily. ☐

2. I understand that my child's participation is voluntary and that s/he is free to withdraw from any part of the study, at any time, without giving a reason and without our medical care or legal rights being affected. ☐

_____ Name of Parent/Guardian (please print)	_____ Date	_____ Signature
---	---------------	--------------------

_____ Name of nurse (please print)	_____ Date	_____ Signature
---------------------------------------	---------------	--------------------

BLOOD SAMPLE

3. I agree to my child having a blood sample taken as part of the study. ☐

4. I give permission that my child's blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies. ☐

5. I would like to receive my child's blood results which are clinically relevant. ☐

6. I consent to my child's GP being notified of his/her blood results which are clinically relevant. ☐

7. **IF you do not want to receive your child's blood results AND if you do not want them sent to their GP, for us to take a blood sample from your child, you will be required to consent to both of the statements below.**

- (i) I confirm that against the advice of the NDNS survey team, I do not want to receive my child's blood results which are clinically relevant or have them sent to his/her GP. ☐

- (ii) I agree to the survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health. ☐

_____ Name of Parent/Guardian (please print)	_____ Date	_____ Signature
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_____ Name of nurse (please print)	_____ Date	_____ Signature
---------------------------------------	---------------	--------------------

**National Diet and Nutrition Survey (NDNS) Nurse Visit
PARENTAL/GUARDIAN CONSENT FOR CHILD (1.5-3 YEARS)**

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER	CHECK LETTER	RESPONDENT No.
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

Please initial/
tick boxes if
consent given

Name of Child _____

1. I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Stage 2 information sheet(s) dated 23.01.2018 for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily. ☐

2. I understand that my child's participation is voluntary and that s/he is free to withdraw from any part of the study, at any time, without giving a reason and without our medical care or legal rights being affected. ☐

_____ Name of Parent/Guardian (please print)	_____ Date	_____ Signature
---	---------------	--------------------

_____ Name of nurse (please print)	_____ Date	_____ Signature
---------------------------------------	---------------	--------------------

BLOOD SAMPLE

3. I agree to my child having a blood sample taken as part of the study. ☐

4. I give permission that my child's blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies. ☐

5. I would like to receive my child's blood results which are clinically relevant. ☐

6. I consent to my child's GP being notified of his/her blood results which are clinically relevant. ☐

7. **IF you do not want to receive your child's blood results AND if you do not want them sent to their GP, for us to take a blood sample from your child, you will be required to consent to both of the statements below.**

- (i) I confirm that against the advice of the NDNS survey team, I do not want to receive my child's blood results which are clinically relevant or have them sent to his/her GP. ☐

- (ii) I agree to the survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health. ☐

_____ Name of Parent/Guardian (please print)	_____ Date	_____ Signature
---	---------------	--------------------

_____ Name of nurse (please print)	_____ Date	_____ Signature
---------------------------------------	---------------	--------------------

National Diet and Nutrition Survey (NDNS) Addenbrooke's BioRepository Despatch Form

EN1 Postal form

Nurse number:

--	--	--	--	--	--

Please affix
EN1 POST
label here

INDIVIDUAL SERIAL NUMBER:

Please write in below:

CHECK
LETTER

RESP.
No.

--	--	--	--	--	--	--	--	--	--

	DAY:		MONTH:		YEAR:				
Sample Taken:									
	TIME								
Sample Taken:			:						
	DAY:		MONTH:		YEAR:				
Date Posted:									

EN1 Postal Form (07022018_V2)

**National Diet and Nutrition
Survey (NDNS)
ADULT FIELD LAB DESPATCH NOTE - 16+ years**

Nurse Section		
Participant details		Checklist 1. Samples 2. Labels 3. Microtubes 4. Despatch note
Sample Set Barcode (must match with FL label)		
Individual serial ID (must match with CAPI)		
Fasted sample (Yes/No)		
Sample collection date (DD-MMM-YYYY)		Attach FL label here
Sample collection time (HH:MM)		
Time samples delivered to the field lab (HH:MM)		
Have you delivered all the items on the checklist to the field lab? (Yes/No)		

Field Lab Section					
Date samples arrived (DD-MMM-YYYY)					
Time samples arrived (HH:MM)					
	Blood Vacutainer Tubes				
	SEN1	SEN2	LHN1	LHN2	EN2
Sample Received?					
Is tube full or partial?					
Is tube damaged?					
Take 1300µl whole blood from well mixed LHN2 tube. Use 2ml microtube. Label with LHWB.	Volume aliquotted (µl)				
	Time aliquotted (HH:MM)				
	Time in freezer (HH:MM)				
Centrifuge tubes for 20 mins at 4°C and 2000g					
Time tubes placed in the centrifuge (HH:MM)					
Did you use a refrigerated centrifuge?					
If NO , explain here what you did to keep samples cool:					

Describe here any problems or deviations from protocol:

	Blood Vacutainer Tubes				
	SEN1	SEN2	LHN1	LHN2	EN2
Is sample normal?					
If NO, describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1 & SEN2)					
Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells					
Microtube size	5ml	5ml	5ml	5ml	5ml
Attach label	SERUM1	SERUM2	LIHEP1	LIHEP2	EDTA
Time aliquotted (HH:MM)					
Take EXACTLY 300µl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA.				Volume aliquotted (µl)	
				Time aliquotted (HH:MM)	
				Time in freezer (HH:MM)	
Time aliquots in freezer (HH:MM)					
Wash red blood cells in vacutainers LHN1 and LHN2 using saline 3 times. After each wash, centrifuge for 10mins and then discard the supernatant. Place washed red blood cells in their original vacutainers in the freezer.					
Time vacutainers in freezer (HH:MM)					

Storage freezer temperature (°C)	
Have you completed all relevant fields?	

Print name		Signature	
Field lab name			

Please email despatch form after sample processing to: BioRepLab@medschl.cam.ac.uk Use "NDNS" in subject of the email.

Instructions:

Enter details into the light-yellow areas as instructed. Do not copy(cut) & paste values. Confirm with ENTER/TAB. Fill dates in **DD-MMM-YYYY** format (e.g. 15-Jan-2018). Fill times in **24h HH:MM** format (e.g. 13:45). Select Field lab name/postcode from dropdown list. If not present, enter postcode and drop the note in email to add lab into the list.

**National Diet and
Nutrition Survey (NDNS)
FIELD LAB DESPATCH NOTE - 7 to 15 years**

Nurse Section		
Participant details		Checklist 1. Samples 2. Labels 3. Microtubes 4. Despatch note
Sample Set Barcode (must match with FL label)		
Individual serial ID (must match with CAPI)		
Fasted sample (Yes/No)		
Sample collection date (DD-MMM-YYYY)		Attach FL label here
Sample collection time (HH:MM)		
Time samples delivered to the field lab (HH:MM)		
Have you delivered all the items on the checklist to the field lab? (Yes/No)		

Field Lab Section			
Date samples arrived (DD-MMM-YYYY)			
Time samples arrived (HH:MM)			
	Blood Vacutainer Tubes		
	SEN1	SEN2	LHN1
Sample Received?			
Is tube full or partial?			
Is tube damaged?			
Centrifuge tubes for 20 mins at 4°C and 2000g			
Time tubes placed in the centrifuge (HH:MM)			
Did you use a refrigerated centrifuge?			
If NO , explain here what you did to keep samples cool:			

Describe here any problems or deviations from protocol:

	Blood Vacutainer Tubes		
	SEN1	SEN2	LHN1
Is sample normal?			
If NO, describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1 & SEN2)			
Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells			
Microtube size	5ml	5ml	5ml
Attach label	SERUM1	SERUM2	LIHEP1
Time aliquotted (HH:MM)			
Take EXACTLY 300µl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA.	Volume aliquotted (µl)		
	Time aliquotted (HH:MM)		
	Time in freezer (HH:MM)		
Time aliquots in freezer (HH:MM)			
Wash red blood cells in vacutainer LHN1 using saline 3 times. After each wash, centrifuge for 10mins and then discard the supernatant. Place washed red blood cells in their original vacutainers in the freezer.			
Time vacutainer in freezer (HH:MM)			

Storage freezer temperature (°C)	
Have you completed all relevant fields?	

Print name		Signature	
Field lab name			

<p>Please email despatch form after sample processing to: BioRepLab@medschl.cam.ac.uk Use "NDNS" in subject of the email.</p> <p>INSTRUCTIONS: Enter details into the light-yellow areas as instructed. Do not copy(cut) & paste values. Confirm with ENTER/TAB. Fill dates in DD-MMM-YYYY format (e.g. 15-Jan-2018). Fill times in 24h HH:MM format (e.g. 13:45). Select Field lab name/postcode from dropdown list. If not present, enter postcode and drop the note in email to add lab into the list.</p>
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**National Diet and
Nutrition Survey (NDNS)
FIELD LAB DESPATCH NOTE - 1.5 to 6 years**

Nurse Section		
Participant details		Checklist 1. Samples 2. Labels 3. Microtubes 4. Despatch note
Sample Set Barcode (must match with FL label)		
Individual serial ID (must match with CAPI)		
Fasted sample (Yes/No)		
Sample collection date (DD-MMM-YYYY)		Attach FL label here
Sample collection time (HH:MM)		
Time samples delivered to the field lab (HH:MM)		
Have you delivered all the items on the checklist to the field lab? (Yes/No)		

Field Lab Section		
Date samples arrived (DD-MMM-YYYY)		
Time samples arrived (HH:MM)		
	Blood Vacutainer Tubes	
	SEN1	LHN1
Sample Received?		
Is tube full or partial?		
Is tube damaged?		
Centrifuge tubes for 20 mins at 4°C and 2000g		
Time tubes placed in the centrifuge (HH:MM)		
Did you use a refrigerated centrifuge?		
If NO , explain here what you did to keep samples cool:		

Describe here any problems or deviations from protocol:

		Blood Vacutainer Tubes	
		SEN1	LHN1
Is sample normal?			
If NO, describe e.g. haemolysed, cloudy, clotted, not clotted (SEN1)			
Aliquot ALL plasma/serum unless otherwise stated; do not contaminate with cells			
Microtube size		5ml	5ml
Attach label		SERUM1	LIHEP1
Time aliquotted (HH:MM)			
Take EXACTLY 300µl plasma from LIHEP1. Use 2ml microtube with green lid containing MPA. Attach label LHMPA.	Volume aliquotted (µl)		
	Time aliquotted (HH:MM)		
	Time in freezer (HH:MM)		
Time aliquots in freezer (HH:MM)			
Wash red blood cells in vacutainer LHN1 using saline 3 times. After each wash, centrifuge for 10mins and then discard the supernatant. Place washed red blood cells in their original vacutainers in the freezer.			
Time vacutainer in freezer (HH:MM)			

Storage freezer temperature (°C)	
Have you completed all relevant fields?	

Print name		Signature	
Field lab name			

Please email despatch form after sample processing to: BioRepLab@medschl.cam.ac.uk
Use "NDNS" in subject of the email

Instructions:

Enter details into the light-yellow areas as instructed. Do not copy(cut) & paste values. Confirm with ENTER/TAB. Fill dates in **DD-MMM-YYYY** format (e.g. 15-Jan-2018). Fill times in **24h HH:MM** format (e.g. 13:45). Select Field lab name/postcode from dropdown list. If not present, enter postcode and drop the note in email to add lab into the list.

DESPATCH NOTE FOR ALL SAMPLES

DESP OFFICE

(OFFICE COPY)

1. Participant details

Please affix
OFFDESP
LABEL HERE
(If providing
blood sample)

INDIVIDUAL SERIAL NUMBER:
Please write in below:

--	--	--	--	--	--	--	--

CHECK
LETTER

--

RESP.
No.

--

2. Age group:

16+ yrs

EDTA

--

Serum TE

--

Li Hep LH

--

Serum TE

--

Li Hep LH EDTA

--

--

7-15 yrs

EDTA

--

Serum TE

--

Li Hep LH

--

Serum TE

--

18mths – 6 yrs

EDTA

--

Serum TE

--

Li Hep LH

--

3. Date blood sample taken:

DAY:

--	--

MONTH:

--	--

YEAR:

--	--	--	--

4. Time blood sample taken:

TIME

--	--

--	--

DAY:

--	--

MONTH

--	--

YEAR:

--	--	--	--

5. Date blood despatched to Addenbrookes:

6. Did you experience any problems in taking the Venepuncture? If yes, please record these below and state what action you took. (PROMPTED FROM CAPI)

National Diet and Nutrition Survey (NDNS) Nurse Visit

CHILD ASSENT FORM (5-15 years)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER

CHECK LETTER

RESPONDENT No.

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Please circle

- | | | |
|----|---|----------|
| 1. | Has somebody explained what happens at the nurse visit? | Yes / No |
| 2. | Do you understand what this study is about? | Yes / No |
| 3. | Have you asked all the questions you want? | Yes / No |
| 4. | Have you had your questions answered in a way you understand? | Yes / No |
| 5. | Do you understand it's OK to stop taking part at any time? | Yes / No |
| 6. | Are you happy to take part? | Yes / No |

If any answers are 'No' or you don't want to take part, don't sign your name!

If you do want to take part, you can write your name below.

Your name

Date

The nurse who ~~explained this study to you~~ needs to sign too:

Nurse name

Signature

Date

Thank you for helping us!

National Diet and Nutrition Survey (NDNS) Nurse Visit

CHILD ASSENT FORM (5-15 years)

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER

CHECK LETTER

RESPONDENT No.

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Please circle

- | | | |
|----|---|----------|
| 1. | Has somebody explained what happens at the nurse visit? | Yes / No |
| 2. | Do you understand what this study is about? | Yes / No |
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If you do want to take part, you can write your name below.

Your name

Date

The nurse who ~~explained this study to you~~ needs to sign too:

Nurse name

Signature

Date

Thank you for helping us!

**National Diet and Nutrition Survey (NDNS) Nurse Visit
PARENTAL/GUARDIAN CONSENT FOR CHILD (4-15 YEARS)**

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER	CHECK LETTER	RESPONDENT No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Child _____

Please initial/
tick boxes if
consent given

- I am the parent/guardian of the child named above and I confirm that I have read and understand the NDNS Stage 2 information sheet(s) dated 23.01.2018 for the above study. I have been given the opportunity to ask questions and have had these answered satisfactorily. ☐
- I understand that my child's participation is voluntary and that s/he is free to withdraw from any part of the study, at any time, without giving a reason and without my child's medical care or legal rights being affected. ☐

Name of Parent/Guardian (please print)

Date

Signature

Name of nurse (please print)

Date

Signature

BLOOD SAMPLE

- I agree to my child having a blood sample taken as part of the study. ☐
- I give permission that my child's blood sample taken as part of this study may be stored and, with ethical approval as appropriate, used in future research studies. ☐
- I would like to receive my child's blood results which are clinically relevant. ☐
- I consent to my child's GP being notified of his/her blood results which are clinically relevant. ☐

7. **IF you do not want to receive your child's blood results AND if you do not want them sent to their GP, for us to take a blood sample from your child, you will be required to consent to both of the statements below.**

- I confirm that against the advice of the NDNS survey team, I do not want to receive my child's blood results which are clinically relevant or have them sent to his/her GP. ☐
- I agree to the survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child's health. ☐

Name of Parent/Guardian (please print)

Date

Signature

Name of nurse (please print)

Date

Signature

**National Diet and Nutrition Survey (NDNS) Nurse Visit
PARENTAL/GUARDIAN CONSENT FOR CHILD (4-15 YEARS)**

MREC Reference Number: 13/EE/0016

Please use capital letters and write in ink

SERIAL NUMBER	CHECK LETTER	RESPONDENT No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Child _____

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Name of Parent/Guardian (please print)

Date

Signature

Name of nurse (please print)

Date

Signature

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Name of Parent/Guardian (please print)

Date

Signature

Name of nurse (please print)

Date

Signature

