

FORM OF CONSENT (For Adult)

PLEASE NOTE THAT PARTICIPATION IN RESEARCH STUDIES IS VOLUNTARY AND SUBJECTS CAN WITHDRAW AT ANY TIME WITH NO IMPACT ON CURRENT OR FUTURE CARE.

| 1 | have read |
|---|---|
| Given Names | Surname |
| the information explaining the study entitled | |
| Is it acceptable to screen children for Familial Hypercholesterolaemia? | |
| I have read and understood the information given to me answered to my satisfaction. | . Any questions I have asked have been |
| I understand I may withdraw from the study at any stage. | |
| I agree that research data gathered from the results of the names are not used. | nis study may be published, provided that |
| Dated day of | 20 |
| Signature | |
| I, | lained the above to the |
| signatory who stated that he/she understood the same. | |
| Signature | |