

DECLARATION OF CONSENT HUNT 2 (1st version)

In the information brochure for The Nord-Trøndelag Health Study 1995-97 I have been informed about the study's objectives. I understand that the information about me will be handled in strict confidence and that the health study is approved by The Regional Committee for Medical Research Ethics. I understand that I later have the right to withdraw my consent to use information concerning me.

1. I consent to the results from blood tests and other sections of the health study, as well as results from extra examinations, being sent to the doctor I specified on the health study questionnaire.
2. If I haven't specified a doctor or my doctor is not participating in the health study, I consent to my results being sent to the doctor at the municipality's doctor's office.
3. I consent to being offered extra examinations in the future. I am also aware that I may be contacted by a doctor in regards to treatment or preventative treatment.
4. I consent to my results being used in medical research and that they may be compared to information about me in other health and disease registers and my results from the previous Nord-Trøndelag Health Study. The method of research in the various studies will be clarified in consultation with The Data Inspectorate and The Regional Committee for Medical Research Ethics.
5. I consent to my blood sample being stored. If my blood sample is to be used in medical research, I will be contacted for my consent to do so.

Please cross out the paragraph(s) above you do not consent to.

Date

Signature

Note about this consent form: Approximately 30,000 participants signed this first version; they were later, in 2002, sent a passive consent form.

DECLARATION OF CONSENT HUNT 2 (2nd version)

In the brochure for The Nord-Trøndelag Health Study I have been informed about the study's objectives. I have also received the brochure "hunt – extra" about extra examinations that I may be offered. I understand that the information about me will be handled in strict confidence and that the health study is approved by The Regional Committee for Medical Research Ethics. There are not restrictions for the time period that the information can be stored, and I am aware that I can at any time decide to not participate in the health study and can withdraw my consent to use information concerning me.

1. I consent to the results from blood tests and other sections of the health study, as well as results from extra examinations, being sent to the doctor I specified on the health study questionnaire.
2. If I haven't specified a doctor or my doctor is not participating in the health study, I consent to my results being sent to the doctor at the municipality's doctor's office.
3. I consent to being offered extra examinations in the future. I am also aware that I may be contacted by a doctor in regards to treatment or preventative treatment.
4. I consent to my results being used in medical research and that they may be compared to information about me in other health and disease registers and my results from the previous Nord-Trøndelag Health Study. When this information is compared, my name and personal identity number will not be used.
5. I consent to my blood sample being stored, and use of my blood sample will be approved by The Data Inspectorate and The Regional Committee for Medical Research Ethics.

Please cross out the paragraph(s) above you do not consent to.

Date

Signature