School of Psychological Science

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## CONSENT FORM

## PASSIVE MEASUREMENT OF CIGARETTE SMOKING

Please confirm that the following questions to the best of your knowledge by initialling in the boxes provided.

PLEASE CONFIRM THAT YOU: Have <u>no</u> food allergies or intolerances Consent to the procedures as documented in the information sheet [version 3, 11/08/2020]	
HAVE YOU:	
Been given information explaining about the study and had an opportunity to ask questions?	
Had an opportunity to ask questions and discuss this study, and received satisfactory answers to all of the questions you asked?	
Received enough information about the study for you to make a decision about participation?	
DO YOU UNDERSTAND THAT YOU MAY:	
Withdraw from the study at any time without having to give a reason, and without your medical or legal rights being affected?	
Withdraw your data up to one year after the study or until the data are made open for sharing (whichever comes first) without having to give a reason?	

## I hereby fully and freely consent to my participation in this study

I understand the nature and purpose of the procedures involved in this study. These have been communicated to me on the information sheet accompanying this form [version 3, 11/08/2020]

I understand and acknowledge that the investigation is designed to promote scientific knowledge. I understand that personal information collected during the study may be looked at by individuals from the University of Bristol, regulatory authorities or the funding body of the above study. I give permission for these individuals to have access to personal information under conditions of confidentiality.

I understand that the anonymized study data collected from me as part of the study will be made available as "open data".

I understand that the anonymized study data collected from the us part of the study will be made available us open data. I understand that the anonymized study data collected for this study may be used in future research projects but that the conditions on this form under which I have provided the data will still apply.

Date				Signature of the participant:
	Day	Month	Year	
				Print name:
				Signature of the investigator:

## Final consent: Having participated in this study

I agree to the University of Bristol keeping and processing the personal information that I have provided during the study. I understand that my consent is conditional upon the University complying with its duties and obligations under the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. I also understand that after the study, anonymized study data will be made available as "open data". This means the anonymized study data will be publicly available and may be used for purposes not related to this study. I also understand that these data will be anonymized and it will not be possible to identify me from these data. I understand that my screening data will also be anonymised and stored securely by the study team, but will not be made "open" (i.e., publicly available). I also understand that my personal data (e.g., name, email address) will be retained separately by the research team for one year after the end of data collection, after which this information will be destroyed. At that point I can no longer withdraw my data as the link between my identity and my study data will have been destroyed.

Date				Signature of the participant:
	Day	Month	Year	
				Print name:
				Signature of the investigator:

If you have any concerns related to your participation in this study please direct them to the School of Psychological Science Human Research Ethics Committee, via Liam McKervey (Email: <u>liam.mckervey@bristol.ac.uk</u>).

> Consent Form (version 3) 11/08/2020