NWU® | Human Metabolomics

PATIENT DETAILS

ID NUMBER			
SURNAME		TITLE	
INITIALS & FIRST NAME		AGE	
DATE OF BIRTH		GENDER	
PATIENT ☎ (H)		(W)	
PATIENT ☎ (CELL)			
PATIENT EMAIL			

PATIENT / GUARDIAN SIGNATURES AND CONSENT

☐	I give consent to the requested tests and collection of samples needed to perform these tests.
☐	I give consent that the North-West University Centre for Human Metabolomics (NWU CHM) may request and capture any additional clinical information (e.g. radiology reports, lab results, clinician observations) needed in order to interpret the results of the requested tests I declare that I understand that they will treat all personal information as confidential.
☐	I verify that all personal information provided is correct
☐	I give my permission that a representative of the CHM may contact me to explain how the CHM Biobank works. I declare that I understand that this is only an introduction and that I am not obligated to participate after the CHM has contacted me. I also understand that more information about the CHM Biobank will be given to me if I am contacted to help me choose if I want to participate, or not. The contact medium I prefer to use is: Email: _____ Telephone: _____ .

Signed at (place) ..... on (date) ..... 20....

....

Signature of participant Signature of witness