

P97192.01

Scottish Health Survey 2015

CONSENT BOOKLET

SALIVA SAMPLE CONSENT

SERIAL NO.

I consent to a trained ScotGen Social Research interviewer collecting a sample of my saliva on behalf of the Scottish Government

- a) *I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a saliva sample collected by dribbling into a small container that will then be sealed and packaged. This measurement will take approximately three (3) minutes to complete.*

- b) *The saliva sample will be sent to a secure storage facility where it will be analysed for cotinine. I understand that:*
 - i. *The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. *Links to my name and/or contact details will not be made at any time*
 - iii. *No personal test results from my saliva sample will be given to me*
 - iv. *The saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for other substances like drugs or alcohol or for DNA testing*
 - v. *The sample will be destroyed after the analysis has been carried out*

- c) *The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

Print name (interviewer): _____

Sign name (interviewer): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
Scottish Health Survey, ScotGen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW.

If you would like more information on the survey please visit the *Scottish Health Survey* website:
www.scottishhealthsurvey.org

SALIVA SAMPLE CONSENT

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URINE SAMPLE CONSENT

SERIAL NO.

I consent to a trained ScotCen Social Research interviewer collecting a sample of my urine on behalf of the Scottish Government

- a) I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a urine sample. This measurement will take approximately three (3) minutes to complete.*

- b) The urine sample will be sent to a secure storage facility where they will test it to assess salt levels. I understand that:*
 - i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. Links to my name and/or contact details will not be made at any time*
 - iii. No personal test results from my urine sample will be given to me*
 - iv. The urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for other substances like drugs or alcohol*
 - v. The sample will be destroyed after the analysis has been carried out*

- c) The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

Print name (interviewer): _____

Sign name (interviewer): _____

Date: _____

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URINE SAMPLE CONSENT

SERIAL NO.

I consent to a trained ScotCen Social Research interviewer collecting a sample of my urine on behalf of the Scottish Government

- a) *I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a urine sample. This measurement will take approximately three (3) minutes to complete.*

- b) *The urine sample will be sent to a secure storage facility where they will test it to assess salt levels. I understand that:*
 - i. *The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis*
 - ii. *Links to my name and/or contact details will not be made at any time*
 - iii. *No personal test results from my urine sample will be given to me*
 - iv. *The urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for other substances like drugs or alcohol*
 - v. *The sample will be destroyed after the analysis has been carried out*
- c) *The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.*

Print name (participant): _____

Sign name (participant): _____

Date: _____

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SCOTTISH HEALTH SURVEY 2015

DISPATCH NOTE FOR SALIVA AND URINE SAMPLES

Complete all sections CLEARLY and LEGIBLY.

SERIAL NO.

1. SEX: Male
 Female

2. DATE OF BIRTH: DD MM YYYY

3. SMOKING STATUS:
 Current smoker
 Non smoker / NA

4. SALIVA SAMPLE COLLECTED Yes
 No

5. URINE SAMPLE COLLECTED Yes
 No

6. DATE SAMPLE(S) TAKE: DD MM YYYY

7. INTERVIEWER NO:

**LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
 CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING**

STORAGE FACILITY USE ONLY

TUBES ENCLOSED:	✓ if rec'd
Saliva	<input type="text"/>
Urine	<input type="text"/>