



Consent form for the UK Biobank Brain Health Study

Taking part	I agree
I have read and understood the Information Sheet dated 26/03/2025 (version 2.0).	
I have had the chance to think about the information, ask any questions and have had these answered satisfactorily.	
I understand that taking part is my choice and that I can stop taking part at any time without giving any reason. This will not affect my on-going relationship with UK Biobank.	
I give permission for the images, samples and other data collected in this study to be stored long-term for health-related research (even after my incapacity or death) and give up all rights to these samples, which I am donating to UK Biobank.	
I agree to take part in the UK Biobank Brain Health Study on this basis.	
Taking brain image scans	I agree
I agree to have brain imaging scans for research purposes only. I understand that these research MRI scans will not be reviewed by a doctor and that the results of research tests may not help my medical care right now.	
I understand my imaging scans will not be given to me at the end of the visit.	
I give permission for UK Biobank to inform me and my General Practitioner (GP) if something abnormal that needs further investigation is seen during the scanning process.	
I understand that if UK Biobank does not contact me, it does not mean that no abnormality is present, but that it was not noticed by the staff taking the scans.	
Agreeing to have a Study Partner	I agree
I am happy for my Study Partner to answer some questions about my symptoms and daily living.	

Participant name

Date

Signature

Staff member name

Date

Signature