INFORMED CONSENT FORM A

Study title: Singapore Population Health Studies (SPHS) – Community Health @Bukit Panjang Principal investigator: Dr Rob Martinus van Dam, Saw Swee Hock School of Public Health (National University Health System and National University of Singapore). Tahir Foundation Building, #10-01, 12 Science Drive 2, Singapore 117549.
SPHS hot line: 6478 9608

1. You are invited to participate in a research study by the National University Health System ("NUHS"). This Informed Consent Form provides you with information about the research, hereinafter referred to as the "Study". The Principal Investigator (the research doctor or person in charge of this research) or his/her representative will also describe this Study to you and answer all of your questions. Read the information below and ask questions about anything you don't understand before deciding whether or not to take part.

What is this research study about?

2. The purpose of the Study is to:
(a) assess the health needs of 7000 residents aged 40 years and older living in the community and recommend appropriate health improvement programmes and/or healthcare services
(b) observe the participation rates of these programmes or use of services to help inform future community health improvement efforts
(c) follow up on the health status of the participants of this study over time so as to learn more about how factors like diet, exercise and smoking are important for heart disease, diabetes, stroke and other common diseases in Singapore. This will help decide if changing these factors can prevent disease or keep it from getting worse.

Who can take part in this Study?

3. Participation is through invitation only. People who can take part in this Study include:
(a) Singaporeans and permanent residents of Singapore; and
(b) who are at least 40 years old.

4. Exclusion criteria apply to those who:
(a) are unable to give consent personally and whose legal guardians are not available to provide consent; and
(b) refuse audio-recording of the consent taking and interviews for quality control purposes.

What is involved in the research?

5. There will be no medicines to take and no experimental treatments to undergo in this Study.

(a) Interview
Initially, trained interviewers appointed by NUHS' Saw Swee Hock School of Public Health (the "School") will contact you and visit you in your home or at a place which is convenient to you. During this time, you will be interviewed about your health, exercise, use of tobacco and quality of life. It is alright to skip any question you do not want to answer, except for your NRIC number; which is essential for participation and re-contact. The questionnaire will take about 1 hour to complete, or about 2hr for those 65 years old and above. The interview information will be separated from your name, NRIC and contact details and entered into a database for research. With your permission, the interviewer shall audio-record the interview for quality control and training purposes. The audio file will be stored in a database separate from the research database for at least 6 years beyond the completion of the recruitment for this Study in September 2016.

(b) Health screening
You will be asked and given an appointment to attend a health screening at Bukit Panjang Community Club, #02-07/09, Singapore 678295. Our research operations staff will arrange an appointment with you. You will need to fast (no food or drinks, except plain water) from 10 pm the night before or for 10-12hr prior to the health screening. If you have any medical conditions (e.g. diabetes) and/or on any medication, please consult your doctor before fasting. During the health screening which will take about 1.5hr for those below 65 years old, our research assistants will:

1) measure your weight, height, waist and hip circumferences;
2) measure the blood pressure at your arm and ankle;
3) measure the strength of your hand grip;
4) assess your vision and hearing;
5) obtain up to 14mls (about 1.5 tablespoon) of blood for sugar, cholesterol and creatinine tests to be used for the Study.

6) test your urine for albumin; and
7) obtain up to 20mls (about 2 tablespoons) of blood and 6mls of urine for future Public Health Research (as described below). Participants who are unable to give consent personally will not be eligible for future Public Health Research, and so blood and urine will not be taken for storage.

If you are at least 65 years old, levels of haemoglobin, vitamin B12, albumin and iron in your blood will also be measured to screen for anaemia. We will also conduct an assessment of your nutrition status and risk of falls, which may take another 0.5hr.

(c) Re-contact

You may be contacted later to obtain additional health information or to clarify uncertainties regarding the information collected. Researchers and/or an external agency appointed by the School will also contact you again in 3-5 years to conduct further follow-ups on this Study and/or future Public Health Research (as described below). We will ask you for your consent for the School to inform you of news about its research studies or invite you to take part in other Public Health Research (as described below) conducted by the School. Even if you have participated in this Study, you may refuse to participate in later studies.

(d) Research using Medical Records

We will also ask for your consent to allow us to obtain relevant information about your health status or medical condition with national registries of medical conditions or living status, and/or your medical records, either for this Study or future Public Health Research (as described below). This information is very useful for us to study the effects of lifestyle on diseases.

Future Research on Public Health

6. Public health is about assisting communities stay healthy through the prevention of disease and other health conditions, and the promotion of health behaviours. Public health professionals conduct research to identify social, environmental, biological and genetic factors which affect one's health or contribute to the spread of disease in a population. By collecting and studying such health related data, researchers can develop educational programs or propose health policies to improve the health and quality of life of communities (collectively referred to as "**Public Health Research**").

Why should I donate blood and urine for storage and future Public Health Research?

7. Your blood and urine can be used to study different diseases. For example, blood contains markers that may be indicative of certain conditions of the body, and it can also be a source of DNA (the genetic material that distinguishes different people from each other) for the study of genes. Your samples will be used together with samples from many other donors from Singapore and/or other countries in Public Health Research studies. Some of the research findings may help doctors and scientists develop new products, such as drugs and diagnostic tests leading to better prevention and treatment of diseases.

8. If you agree, we will draw about 34mls (about 3.5 tablespoons) of blood from a vein in your arm – 14mls of blood will be immediately used for tests and the remaining 20mls will be stored together with 6mls of your urine for future research. Your blood and urine samples collected for future Public Health Research will be stored at the National University Hospital Tissue Repository, Singapore, for as long as they are necessary or depleted. Participants who are unable to give consent personally will not be eligible for future Public Health Research, and so blood and urine will not be taken for storage.

9. The stored samples of blood and urine may be used for future Public Health Research in Singapore or overseas by NUHS and/or NUHS' collaborators. Any researcher, including those that are part of the present Study, who would like to have access to your samples will need to obtain approval from a research ethics committee to ensure that the study is ethically and scientifically sound. The objective of a research ethics committee is to protect the rights and welfare of human research subjects in research activities.

Do commercial companies have access to my blood and urine?

10. The main aim of our research is to improve public health. However, your blood and/or urine may be used for the development of diagnostic procedures or new treatments for major diseases by commercial firms in Singapore or overseas. These projects must be approved by a research ethics committee. The approval process takes into consideration the expected future benefits (scientific, medical, or economic) of the proposed tissue usage, to Singapore as a whole. While these researchers may pay the costs for the distribution of your tissue samples such as preparation, packaging and shipping, your samples will not be sold to anyone for our financial gain or commercial profit.

Will I benefit from the research trial and/or research done on my samples?

11. There will be no medical or personal benefit to you arising from the donation of your blood and/or urine or from the research conducted using such samples. As a voluntary donor, neither you nor your estate will receive any benefits, commercial or otherwise, from your participation in this research nor from the use of your blood/urine or any substance, material, results or data derived from it, or modified versions of it. However, the results of research may be beneficial to future patients.

12. Your donated blood and urine may lead to research discoveries that may yield financial gain or profit to the companies or institutions that develop the new treatments or diagnostic procedures. We may get a patent on these. We may also license these, which could give a company the sole right to make and sell products or offer testing based on the discovery. Some of the profits from this may be paid back to the researchers and the organisations doing this research.

What are the risks of taking part in the research?

13. The risks of drawing blood include slight pain, bruising, and rarely, infection where the needle went in. We take every precaution to prevent infection. Some people feel dizzy when they have blood drawn, but this goes away when the person lies down. In the unlikely event that you are injured while giving a blood sample, we will give you first aid and direct you to proper health treatment.

14. No research results will be entered into your medical records. Therefore, your health insurance will not be affected in any way by your participation in this study.

Is there any cost or payments involved in the research trial?

15. It does not cost you anything to take part in this Study and you will not be charged for any tests. You will not be paid for participation in this Study or future Public Health Research. You will be reimbursed for your time and effort as follows: (a) SGD$10 upon the completion of the interview; and (b) SGD$20 upon completing the health screening.

Will I find out results of the research?

16. Within 4 weeks of the health screening, you will be provided with a copy of the results of your health screening. The results may include:

1) blood creatinine, sugar and cholesterol levels;
2) blood pressure;
3) urine protein level; and
4) body mass index.

Those who are 65 years old or older may receive additional blood test results:

1) Albumin
2) Haemoglobin
3) Vitamin B12
4) Iron

17. The results report will also highlight any abnormal results from the health screening and questionnaire. You should feel free to discuss these results with your own doctor. Our care coordinators will try to contact you to offer assistance to explain your report or make referral arrangements. However, do note that the costs of medical consultations, investigations and treatment following these referrals will not be borne by NUHS.

18. We will ask for your consent to provide your personal data and relevant survey information such as smoking, exercise and health screening history, to the Health Promotion Board (HPB) or People's Association (PA), to enable them to follow up with you on appropriate health improvement programmes. Your participation in this research does not obligate you to accept participation in these programmes.

19. Neither you nor your doctor will receive the results of other future Public Health Research done with your donated samples. Only anonymized samples will be used for analysis and research can take a long time and requires samples from many people before results are known. Results from future Public Health Research using your samples may not be ready for the immediate future.

Confidentiality of Study and Medical Records

20. Certain information from your medical records may be required for interpreting research results, e.g. age, gender, medical history and details of present illness. With your permission, only NUHS operations staff will have access to these medical records to obtain the relevant data. The data will be stored in NUHS databases and only certain approved researchers will be permitted access to the data.

21. However, NHG Domain-Specific Review Board and Ministry of Health will be granted direct access to your original medical records and records from this research to check study procedures and data, without making any of your information public. By signing this Informed Consent Form, you or your legal guardian are authorizing (i) collection, access to, use and storage of your "Personal Data", and (ii) disclosure to relevant regulatory authorities.

22. "Personal Data" means data about you which makes you identifiable (i) from such data or (ii) from that data and other information which an organisation has or likely to have access. This includes medical conditions, medications, investigations and treatment history.

23. Research arising in the future, based on this Personal Data, will be subject to review by the relevant research ethics committee.

How will my privacy be protected?

24. To ensure your samples and medical information cannot be linked to you, the samples and medical information collected will not contain your Personal Data (name, NRIC, contact numbers and addresses). Instead, these will be replaced by code numbers and stored for research in NUHS databases for at least 10 years. It will only be possible to retrace the link between the Personal Data and the codes by a decoding step. This decoding only takes place under special circumstances and approval needs to be given by a research ethics committee.

25. Your interview includes a questionnaire about quality of life. The quality of life data (without any identifying information such as names, IC numbers or addresses) from all the participants of this study will be stored in an international database of the EuroQol Research Foundation (www.EuroQol.org) who created the questionnaire now used in many countries. Sharing the data in the international database will allow many researchers to use the data, either for research on quality of life of different populations or to improve the questionnaire.

26. Sometimes, our research requires sharing of the data collected with other researchers. This can happen when other research groups have an important scientific question that our data could be used to answer, or when we need to combine data with other research groups in order to answer scientific questions that individual studies alone would not be able to answer. We will only share data that is relevant to answering the scientific question, and without Personal Data. We will also ensure that a research ethics committee has approved the research proposal before proceeding to share that data.

27. When results of this Study or future Public Health Research are reported in medical journals or at scientific meetings or used for future Public Health Research, the people who take part are not named and identified.

Compensation for Injury

28. NUHS without legal commitment will compensate you for the injuries arising from your participation in the study without you having to prove NUHS is at fault. There are however conditions and limitations to the extent of compensation provided. You may wish to discuss this with the Principal Investigator.

29. By signing this consent form, you will not waive any of your legal rights or release the parties involved in this study from liability for negligence.

Participation is voluntary.

30. The decision to participate is up to you. Even after you have signed this Informed Consent Form, you can withdraw from the Study and future Public Health Research at any time without giving reasons and without penalty or loss of benefits. You can notify us by a call (6478 9608) or email (sphs@nus.edu.sg) and we will terminate your further participation in the Study and/or future Public Health Research, and/or destroy any data that have not been analysed. Such a withdrawal will prevent information about you from contributing to further research and analyses, but it will not be possible to remove your data from analyses that have already been done. Your blood and/or urine samples collected for this Study will be considered to be gifted to NUHS and will not be returned to you. However, you may request us to destroy any unused samples that could identify you.

Who is conducting this research and whom do I call if I have questions or problems?

31. This research is conducted by the NUHS. **The principal investigator (person in charge of this research) is Dr Rob Martinus van Dam**.

32. If you have any questions about:
(a) any research-related matters — call the SPHS hotline at 6478 9608 or email to SPHS@nus.edu.sg; or
(b) the research ethics for this study, or your rights in this research — contact the NHG Domain Specific Review Board Secretariat at 6471 3266. You can also find more information about the NHG Domain Specific Review Board at www.research.nhg.com.sg.

INFORMED CONSENT FORM A

Study title: Singapore Population Health Studies (SPHS) - Community Health @Bukit Panjang
Principal Investigator: Dr Rob Martinus van Dam, Saw Swee Hock School of Public Health, National University of Singapore and National University Health System. Tahir Foundation Building, #10-01, 12 Science Drive 2, Singapore 117549.

1.	I agree to provide my name, NRIC number, contact number(s) and address to the National University Health System ("NUHS") (through interviewers appointed by NUHS) for the purpose of this Study.	☐ Yes	☐ No
2.	I agree to participate in the interview about my social background, lifestyle, health, medical history and health screening practices for this Study.	☐ Yes	☐ No
3.	I understand that the interview will be audio-recorded for quality control and training purposes.	☐ Yes	☐ No
4.	I agree to allow the de-identified data of my quality of life survey to be shared on an international database.	☐ Yes	☐ No
5.	I agree to allow relevant information about my health status and medical condition to be obtained by NUHS from the relevant national registries or my medical records, for the purposes of this Study.	☐ Yes	☐ No
6.	I agree to allow relevant information about my health status and medical condition to be obtained by NUHS from the relevant national registries or my medical records to be used by NUHS and/or NUHS' collaborators for future Public Health Research.	☐ Yes	☐ No
7.	I agree to undergo a health screening which involves taking of up to 14mls (~1.5 tablespoon) of blood and a urine sample for this Study.	☐ Yes	☐ No
8.	I agree to donate up to 20mls (~ 2 tablespoons) of my blood for future Public Health Research in Singapore or overseas by NUHS and/or NUHS' collaborators.	☐ Yes	☐ No
9.	I agree to donate a urine sample for future Public Health Research in Singapore or overseas by NUHS and/or NUHS' collaborators.	☐ Yes	☐ No
10.	I agree to donate my blood sample for future genetic research by NUHS and/or NUHS' collaborators.	☐ Yes	☐ No
11.	I agree to allow my stored samples of blood and urine to be used for commercial development of diagnostic or treatment procedures by commercial entities in Singapore or overseas and I understand that I will not have any rights to any commercial benefits resulting from it.	☐ Yes	☐ No
12.	I agree to be re-contacted in 3-5 years' time by NUHS and/or its appointed external agent for the conduct of further follow-up in relation to this Study or in relation to future Public Health Research.	☐ Yes	☐ No
13.	I agree to receive news about the research conducted by NUHS and invitations to participate in future Public Health Research by NUHS.	☐ Yes	☐ No
14.	I agree to allow my personal information and smoking, exercise or health screening history to be provided to HPB and PA for following up on my participation in health improvement programmes,	☐ Yes	☐ No

INFORMED CONSENT FORM A

(Note: Participants who are unable to give consent personally are not eligible for participation in future Public Health research, and consent statements numbered 8-13 should be ticked as "No".)

By signing this consent form, I agree to take part in this Study. I understand that my participation in this Study does not obligate me to receive services from NUHS, HPB or PA. I may discontinue participation in the Study or future Public Health Research at any time without penalty or loss of benefits. I have received a copy of this Informed Consent Form that explains the use of my information and my blood and urine samples in this Study and/or future Public Health Research. I have read and understood the contents.

This research has been explained to me in _____ (language)

by_____ (name of translator).*

Name (as per NRIC) of participant	*NRIC (participant)*
Signature/ thumb print (participant)	*Day Month Year* *Date of consent*

I hereby, as the legal guardian, consent for the participant named above to participate in this study.

Name (as per NRIC) of Legal Guardian	*NRIC of Legal Guardian*
Signature (Legal Guardian)	*Relationship to participant*
	Day Month Year

I observed the process of consent. The prospective participant read this form, was given the chance to ask questions, appeared to accept the answers, and signed to enroll in the study.

Name (as per NRIC) of consent taker	
Signature (consent taker)	*Day Month Year*

** Include this section if participant/legal guardian is unable to understand English and read any of the translated consent documents available.*

I, the undersigned, certify to the best of my knowledge that the participant signing this informed consent form had the study fully explained in a language understood by him / her and clearly understands the nature, risks and benefits of his / her participation in the study.

Name (as per NRIC) of Impartial Witness	
Signature (Impartial Witness)	*Day Month Year*

INFORMED CONSENT FORM A

Study title: Singapore Population Health Studies (SPHS) – Community Health @Queenstown
Principal investigator: Dr Rob Martinus van Dam, Saw Swee Hock School of Public Health (National University Health System and National University of Singapore). Tahir Foundation Building, #10-01, 12 Science Drive 2, Singapore 117549.
SPHS hot line: 6478 9608

1. You are invited to participate in a research study by the National University Health System ("NUHS"). This Informed Consent Form provides you with information about the research, hereinafter referred to as the "Study". The Principal Investigator (the research doctor or person in charge of this research) or his/her representative will also describe this Study to you and answer all of your questions. Read the information below and ask questions about anything you don't understand before deciding whether or not to take part.

What is this research study about?

2. The purpose of the Study is to:
(a) assess the health needs of 3500 residents aged 21 years and older living in the community and recommend appropriate health improvement programmes and/or healthcare services
(b) observe the participation rates of these programmes or use of services to help inform future community health improvement efforts
(c) follow up on the health status of the participants of this study over time so as to learn more about how factors like diet, exercise and smoking are important for heart disease, diabetes, stroke and other common diseases in Singapore. This will help decide if changing these factors can prevent disease or keep it from getting worse.

Who can take part in this Study?

3. Participation is through invitation only. People who can take part in this Study include:
(a) Singaporeans and permanent residents of Singapore; and
(b) who are at least 21 years old.

4. Exclusion criteria apply to those who:
(a) are unable to give consent personally and whose legal guardians are not available to provide consent; and
(b) refuse audio-recording of the consent taking and interviews for quality control purposes.

What is involved in the research?

5. There will be no medicines to take and no experimental treatments to undergo in this Study.

(a) Interview
Initially, trained interviewers appointed by NUHS' Saw Swee Hock School of Public Health (the "School") will contact you and visit you in your home or at a place which is convenient to you. During this time, you will be interviewed about your health, exercise, use of tobacco and quality of life. It is alright to skip any question you do not want to answer, except for your NRIC number; which is essential for participation and re-contact. The questionnaire will take about 1 hour to complete, or about 2hr for those 65 years old and above. The interview information will be separated from your name, NRIC and contact details and entered into a database for research. With your permission, the interviewer shall audio-record the interview for quality control and training purposes. The audio file will be stored in a database separate from the research database for at least 6 years beyond the completion of the recruitment for this Study in September 2016.

(b) Health screening
You will be asked and given an appointment to attend a health screening at the Residents Committee Centre, Blk 166 Stirling Road, #01-1231 Singapore 140166 or at Blk MD1, Tahir Foundation Building, National University of Singapore, 12 Science Drive 2, #11-01G Singapore 117549. Our research operations staff will arrange an appointment with you. You will need to fast (no food or drinks, except plain water) from 10 pm the night before or for 10-12hr prior to the health screening. If you have any medical conditions (e.g. diabetes) and/or on any medication, please consult your doctor before fasting. During the health screening which will take about 1.5hr for those below 65 years old, our research assistants will:

1) measure your weight, height, waist and hip circumferences;
2) measure the blood pressure at your arm and ankle;
3) measure the strength of your hand grip;
4) assess your vision and hearing;
5) assess your risk of falls if you are at least 65 years old;

6) obtain up to 10mls (about 1 tablespoon) of blood for sugar, cholesterol and creatinine tests to be used for the Study.
7) test your urine for albumin; and
8) obtain up to 20mls (about 2 tablespoons) of blood and 6mls of urine for future Public Health Research (as described below). Participants who are unable to give consent personally will not be eligible for future Public Health Research, and so blood and urine will not be taken for storage.

(c) Re-contact

You may be contacted later to obtain additional health information or to clarify uncertainties regarding the information collected. Researchers and/or an external agency appointed by the School will also contact you again in 3-5 years to conduct further follow-ups on this Study and/or future Public Health Research (as described below). We will ask you for your consent for the School to inform you of news about its research studies or invite you to take part in other Public Health Research (as described below) conducted by the School. Even if you have participated in this Study, you may refuse to participate in later studies.

(d) Research using Medical Records

We will also ask for your consent to allow us to obtain relevant information about your health status or medical condition with national registries of medical conditions or living status, and/or your medical records, either for this Study or future Public Health Research (as described below). This information is very useful for us to study the effects of lifestyle on diseases.

Future Research on Public Health

6. Public health is about assisting communities stay healthy through the prevention of disease and other health conditions, and the promotion of health behaviours. Public health professionals conduct research to identify social, environmental, biological and genetic factors which affect one's health or contribute to the spread of disease in a population. By collecting and studying such health related data, researchers can develop educational programs or propose health policies to improve the health and quality of life of communities (collectively referred to as "**Public Health Research**").

Why should I donate blood and urine for storage and future Public Health Research?

7. Your blood and urine can be used to study different diseases. For example, blood contains markers that may be indicative of certain conditions of the body, and it can also be a source of DNA (the genetic material that distinguishes different people from each other) for the study of genes. Your samples will be used together with samples from many other donors from Singapore and/or other countries in Public Health Research studies. Some of the research findings may help doctors and scientists develop new products, such as drugs and diagnostic tests leading to better prevention and treatment of diseases.

8. If you agree, we will draw about 30mls (about 3 tablespoons) of blood from a vein in your arm – 10mls of blood will be immediately used for tests and the remaining 20mls will be stored together with 6mls of your urine for future research. Your blood and urine samples collected for future Public Health Research will be stored at the National University Hospital Tissue Repository, Singapore, for as long as they are necessary or depleted. Participants who are unable to give consent personally will not be eligible for future Public Health Research, and so blood and urine will not be taken for storage.

9. The stored samples of blood and urine may be used for future Public Health Research in Singapore or overseas by NUHS and/or NUHS' collaborators. Any researcher, including those that are part of the present Study, who would like to have access to your samples will need to obtain approval from a research ethics committee to ensure that the study is ethically and scientifically sound. The objective of a research ethics committee is to protect the rights and welfare of human research subjects in research activities.

Do commercial companies have access to my blood and urine?

10. The main aim of our research is to improve public health. However, your blood and/or urine may be used for the development of diagnostic procedures or new treatments for major diseases by commercial firms in Singapore or overseas. These projects must be approved by a research ethics committee. The approval process takes into consideration the expected future benefits (scientific, medical, or economic) of the proposed tissue usage, to Singapore as a whole. While these researchers may pay the costs for the distribution of your tissue samples such as preparation, packaging and shipping, your samples will not be sold to anyone for our financial gain or commercial profit.

Will I benefit from the research trial and/or research done on my samples?

11. There will be no medical or personal benefit to you arising from the donation of your blood and/or urine or from the research conducted using such samples. As a voluntary donor, neither you nor your estate will receive any benefits, commercial or otherwise, from your participation in this research nor from the use of your blood/urine or any substance, material, results or data derived from it, or modified versions of it. However, the results of research may be beneficial to future patients.

12. Your donated blood and urine may lead to research discoveries that may yield financial gain or profit to the companies or institutions that develop the new treatments or diagnostic procedures. We may get a patent on these. We may also license these, which could give a company the sole right to make and sell products or offer testing based on the discovery. Some of the profits from this may be paid back to the researchers and the organisations doing this research.

What are the risks of taking part in the research?

13. The risks of drawing blood include slight pain, bruising, and rarely, infection where the needle went in. We take every precaution to prevent infection. Some people feel dizzy when they have blood drawn, but this goes away when the person lies down. In the unlikely event that you are injured while giving a blood sample, we will give you first aid and direct you to proper health treatment.

14. No research results will be entered into your medical records. Therefore, your health insurance will not be affected in any way by your participation in this study.

Is there any cost or payments involved in the research trial?

15. It does not cost you anything to take part in this Study and you will not be charged for any tests. You will not be paid for participation in this Study or future Public Health Research. You will be reimbursed for your time and effort as follows: (a) SGD$10 upon the completion of the interview; and (b) SGD$20 upon completing the health screening.

Will I find out results of the research?

16. Within 4 weeks of the health screening, you will be provided with a copy of the results of your health screening. The results may include:

1) blood creatinine, sugar and cholesterol levels;
2) blood pressure;
3) urine protein level; and
4) body mass index.

17. The results report will also highlight any abnormal results from the health screening and questionnaire. You should feel free to discuss these results with your own doctor. Our care coordinators will try to contact you to offer assistance to explain your report or make referral arrangements. However, do note that the costs of medical consultations, investigations and treatment following these referrals will not be borne by NUHS.

18. We will ask for your consent to provide your personal data and relevant survey information such as smoking, exercise and health screening history, to the Health Promotion Board (HPB) or People's Association (PA), to enable them to follow up with you on appropriate health improvement programmes. Your participation in this research does not obligate you to accept participation in these programmes.

19. Neither you nor your doctor will receive the results of other future Public Health Research done with your donated samples. Only anonymized samples will be used for analysis and research can take a long time and requires samples from many people before results are known. Results from future Public Health Research using your samples may not be ready for the immediate future.

Confidentiality of Study and Medical Records

20. Certain information from your medical records may be required for interpreting research results, e.g. age, gender, medical history and details of present illness. With your permission, only NUHS operations staff will have access to these medical records to obtain the relevant data. The data will be stored in NUHS databases and only certain approved researchers will be permitted access to the data.

21. However, NHG Domain-Specific Review Board and Ministry of Health will be granted direct access to your original medical records and records from this research to check study procedures and data, without making any of your information public. By signing this Informed Consent Form, you or your legal guardian are authorizing (i) collection, access to, use and storage of your "Personal Data", and (ii) disclosure to relevant regulatory authorities.

22. "Personal Data" means data about you which makes you identifiable (i) from such data or (ii) from that data and other information which an organisation has or likely to have access. This includes medical conditions, medications, investigations and treatment history.

23. Research arising in the future, based on this Personal Data, will be subject to review by the relevant research ethics committee.

How will my privacy be protected?

24. To ensure your samples and medical information cannot be linked to you, the samples and medical information collected will not contain your Personal Data (name, NRIC, contact numbers and addresses). Instead, these will be replaced by code numbers and stored for research in NUHS databases for at least 10 years. It will only be possible to retrace the link between the Personal Data and the codes by a decoding step. This decoding only takes place under special circumstances and approval needs to be given by a research ethics committee.

25. Your interview includes a questionnaire about quality of life. The quality of life data (without any identifying information such as names, IC numbers or addresses) from all the participants of this study will be stored in an international database of the EuroQol Research Foundation (www.EuroQol.org) who created the questionnaire now used in many countries. Sharing the data in the international database will allow many researchers to use the data, either for research on quality of life of different populations or to improve the questionnaire.

26. Sometimes, our research requires sharing of the data collected with other researchers. This can happen when other research groups have an important scientific question that our data could be used to answer, or when we need to combine data with other research groups in order to answer scientific questions that individual studies alone would not be able to answer. We will only share data that is relevant to answering the scientific question, and without Personal Data. We will also ensure that a research ethics committee has approved the research proposal before proceeding to share that data.

27. When results of this Study or future Public Health Research are reported in medical journals or at scientific meetings or used for future Public Health Research, the people who take part are not named and identified.

Compensation for Injury

28. NUHS without legal commitment will compensate you for the injuries arising from your participation in the study without you having to prove NUHS is at fault. There are however conditions and limitations to the extent of compensation provided. You may wish to discuss this with the Principal Investigator.

29. By signing this consent form, you will not waive any of your legal rights or release the parties involved in this study from liability for negligence.

Participation is voluntary.

30. The decision to participate is up to you. Even after you have signed this Informed Consent Form, you can withdraw from the Study and future Public Health Research at any time without giving reasons and without penalty or loss of benefits. You can notify us by a call (6478 9608) or email (sphs@nus.edu.sg) and we will terminate your further participation in the Study and/or future Public Health Research, and/or destroy any data that have not been analysed. Such a withdrawal will prevent information about you from contributing to further research and analyses, but it will not be possible to remove your data from analyses that have already been done. Your blood and/or urine samples collected for this Study will be considered to be gifted to NUHS and will not be returned to you. However, you may request us to destroy any unused samples that could identify you.

Who is conducting this research and whom do I call if I have questions or problems?

31. This research is conducted by the NUHS. **The principal investigator (person in charge of this research) is Dr Rob Martinus van Dam**.

32. If you have any questions about:
(a) any research-related matters — call the SPHS hotline at 6478 9608 or email to SPHS@nus.edu.sg; or
(b) the research ethics for this study, or your rights in this research — contact the NHG Domain Specific Review Board Secretariat at 6471 3266. You can also find more information about the NHG Domain Specific Review Board at www.research.nhg.com.sg.

INFORMED CONSENT FORM A

Study title: Singapore Population Health Studies (SPHS) - Community Health @Queenstown
Principal Investigator: Dr Rob Martinus van Dam, Saw Swee Hock School of Public Health, National University of Singapore and National University Health System. Tahir Foundation Building, #10-01, 12 Science Drive 2, Singapore 117549.

1.	I agree to provide my name, NRIC number, contact number(s) and address to the National University Health System ("NUHS") (through interviewers appointed by NUHS) for the purpose of this Study.	☐ Yes	☐ No
2.	I agree to participate in the interview about my social background, lifestyle, health, medical history and health screening practices for this Study.	☐ Yes	☐ No
3.	I understand that the interview will be audio-recorded for quality control and training purposes.	☐ Yes	☐ No
4.	I agree to allow the de-identified data of my quality of life survey to be shared on an international database.	☐ Yes	☐ No
5.	I agree to allow relevant information about my health status and medical condition to be obtained by NUHS from the relevant national registries or my medical records, for the purposes of this Study.	☐ Yes	☐ No
6.	I agree to allow relevant information about my health status and medical condition to be obtained by NUHS from the relevant national registries or my medical records to be used by NUHS and/or NUHS' collaborators for future Public Health Research.	☐ Yes	☐ No
7.	I agree to undergo a health screening which involves taking of up to 10mls (~1 tablespoon) of blood and a urine sample for this Study.	☐ Yes	☐ No
8.	I agree to donate up to 20mls (~ 2 tablespoons) of my blood for future Public Health Research in Singapore or overseas by NUHS and/or NUHS' collaborators.	☐ Yes	☐ No
9.	I agree to donate a urine sample for future Public Health Research in Singapore or overseas by NUHS and/or NUHS' collaborators.	☐ Yes	☐ No
10.	I agree to donate my blood sample for future genetic research by NUHS and/or NUHS' collaborators.	☐ Yes	☐ No
11.	I agree to allow my stored samples of blood and urine to be used for commercial development of diagnostic or treatment procedures by commercial entities in Singapore or overseas and I understand that I will not have any rights to any commercial benefits resulting from it.	☐ Yes	☐ No
12.	I agree to be re-contacted in 3-5 years' time by NUHS and/or its appointed external agent for the conduct of further follow-up in relation to this Study or in relation to future Public Health Research.	☐ Yes	☐ No
13.	I agree to receive news about the research conducted by NUHS and invitations to participate in future Public Health Research by NUHS.	☐ Yes	☐ No
14.	I agree to allow my personal information and smoking, exercise or health screening history to be provided to HPB and PA for following up on my participation in health improvement programmes,	☐ Yes	☐ No

INFORMED CONSENT FORM A

(Note: Participants who are unable to give consent personally are not eligible for participation in future Public Health research, and consent statements numbered 8-13 should be ticked as "No".)

By signing this consent form, I agree to take part in this Study. I understand that my participation in this Study does not obligate me to receive services from NUHS, HPB or PA. I may discontinue participation in the Study or future Public Health Research at any time without penalty or loss of benefits. I have received a copy of this Informed Consent Form that explains the use of my information and my blood and urine samples in this Study and/or future Public Health Research. I have read and understood the contents.

This research has been explained to me in _____ (language)

by_____ (name of translator).*

Name (as per NRIC) of participant	*NRIC (participant)*
Signature/ thumb print (participant)	*Day Month Year* *Date of consent*

I hereby, as the legal guardian, consent for the participant named above to participate in this study.

Name (as per NRIC) of Legal Guardian	*NRIC of Legal Guardian*
Signature (Legal Guardian)	*Relationship to participant*
	Day Month Year

I observed the process of consent. The prospective participant read this form, was given the chance to ask questions, appeared to accept the answers, and signed to enroll in the study.

Name (as per NRIC) of consent taker

Day Month Year

Signature (consent taker)

* *Include this section if participant/legal guardian is unable to understand English and read any of the translated consent documents available.*

I, the undersigned, certify to the best of my knowledge that the participant signing this informed consent form had the study fully explained in a language understood by him / her and clearly understands the nature, risks and benefits of his / her participation in the study.

Name (as per NRIC) of Impartial Witness

Day Month Year

Signature (Impartial Witness)

INFORMED CONSENT FORM B

Study title: Singapore Population Health Studies (SPHS) - Community Health Study

Principal Investigator: Dr Rob Martinus van Dam, Saw Swee Hock School of Public Health, National University Health System and National University of Singapore. Tahir Foundation Building, #10-01, 12 Science Drive 2, Singapore 117549.

I have undergone a survey and health screening tests organised by the National University Health System (NUHS) for this research. I understand that all my personal data and information from the survey and health screening will be recorded and stored in a secure and confidential manner by NUHS for research.

I understand that there are limitations to the health screening tests and that they are not conclusive in detecting or ruling out medical risk factors or conditions. I should see a doctor if any of my health screening results is abnormal. Even if the health screening results are normal, I should see a doctor if I feel unwell or have any symptoms.

I agree to be contacted for follow-up using my contact details provided if there is any abnormal health screening result. Depending on my results, I may be referred to a general practitioner, hospital or polyclinic of the NUHS or NUHS' authorised partners for medical follow-up and counselling. I understand that the costs of such services will not be borne by NUHS and the decision to receive such services is entirely mine.

I agree to be referred, where appropriate, to the Health Promotion Board (HPB) or the People's Association (PA) for participation in health improvement programmes. I understand that the decision to participate in the above mentioned activities is entirely mine.

I agree and allow NUHS to provide my personal and relevant survey and health screening information to a general practitioner, hospital or polyclinic of the NUHS or NUHS' authorised partners, HPB, PA and the Ministry of Health (MOH), to follow up on my health care/improvement and/or to monitor the outcome of the follow-up.

I agree and allow NUHS to provide my personal and relevant survey and health screening information to public healthcare institutions and their affiliated agencies, HPB and MOH to monitor the outcome of the follow-up. This will help policymakers to review the effectiveness of community health care.

I acknowledge that my personal data and relevant screening and follow-up information, including the screening test results will be retained by NUHS, HPB, the National e-Health Records[1] (NEHR) and the MOH, and that aggregate/de-identified Information may be used for research, statistical and planning purposes.

[1]In line with the Government's goal of "One Patient, One Health Record", the MOH-owned NEHR was introduced in 2012 to consolidate clinically relevant information from patients' encounters across the public and private healthcare system throughout their lives into one record. It allows authorised healthcare providers, across the continuum of care, to access patients' record so as to better support

INFORMED CONSENT FORM B

This research has been explained to me in _____ (language)

by_____ (name of translator).*

Name (as per NRIC) of participant	*NRIC (participant)*
	Day / Month / Year
Signature/ thumb print (participant)	*Date of consent*

I hereby, as the legal guardian, consent for the participant named above to participate in this study.

Name (as per NRIC) of Legal Guardian	*NRIC of Legal Guardian*
	Relationship to participant
	Day / Month / Year
Signature (Legal Guardian)	

I observed the process of consent. The prospective participant read this form, was given the chance to ask questions, appeared to accept the answers, and signed to enroll in the study.

Name (as per NRIC) of consent taker	
	Day / Month / Year
Signature (consent taker)	

** Include this section if participant/legal guardian is unable to understand English and read any of the translated consent documents available.*

I, the undersigned, certify to the best of my knowledge that the participant signing this informed consent form had the study fully explained in a language understood by him / her and clearly understands the nature, risks and benefits of his / her participation in the study.

Name (as per NRIC) of Impartial Witness	
	Day / Month / Year
Signature (Impartial Witness)	