

CONSENT FORM

Title of Project: A Genetic Study of Autism Spectrum Conditions and Related Traits

Name of Lead Investigator: Professor Simon Baron-Cohen

Please read the Participant Information Sheet and complete the Consent Form. Please complete the form only if you are aged 18 years or above.

	<i>Yes (Please initial)</i>	<i>No</i>
1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.		
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my care or legal rights being affected.		
3. I am willing to send a copy of my diagnostic report to the researchers at the Autism Research Centre.		
4. I understand that my DNA will be extracted from my saliva sample, and that my DNA will be anonymised for storage and analysis.		
5. I agree for data collected in this study to be used now and in future research by researchers at the Autism Research Centre.		
6. I agree to take part in the above study.		
7. Optional: I give permission for my anonymised DNA to be stored in a repository and for my anonymised genetic information to be included on external research databases for future use.		

Name of Research
Participant

Date

Signature

