

CONSENT FORM C

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 above 18 years.

Please initial box

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 medical care or legal rights being affected.
3. I understand that any data collected about me from previous participation in studies at cambridgepsychology.com may be used for the above study.
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 cambridgepsychology.com.
6. I agree to take part in the above study.
8. 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