



Local logo/letterhead

Participant identification number:

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CONSENT FORM**Impact of Semaglutide in Amyloid Positivity (ISAP) study***Please initial each box if you agree*

- | | | |
|---|---|--------------------------|
| 1 | I confirm that I have read and understand the information sheet dated _____ (version X.X) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any point, without giving any reason, without my medical care or legal rights being affected. | <input type="checkbox"/> |
| 3 | I understand that I will only be included in the study if I am found to be suitable during the screening assessments. | <input type="checkbox"/> |
| 4 | I have been advised about the potential risks associated with taking part in this research and have taken these into consideration before consenting to participate. | <input type="checkbox"/> |
| 5 | I have been advised as to what I need to do for this research (especially with regard to semaglutide intake) and I agree to follow the instructions given to me. | <input type="checkbox"/> |
| 6 | I understand that relevant sections of my medical notes and data collected during the study may be looked at by members of the site study team, monitors and designated individuals from the University of Oxford, the funder (Novo Nordisk), regulatory authorities and the participating Universities/NHS Trust(s), where it is relevant to my taking part in this study. I give permission for these individuals to have access to my records. | <input type="checkbox"/> |
| 7 | I agree to my General Practitioner being informed of my participation in the study and of any abnormal results arising during the study that may be of clinical relevance. I agree to my GP providing researchers with health information relevant to my participation in the study in the event that I stop attending follow-up visits. | <input type="checkbox"/> |
| 8 | I understand that the MRI/PET scans for the study are research scans that are not useful for medical diagnosis, and that scans are not routinely looked at by a doctor. If a concern is raised about a possible abnormality on my scan, I will only be informed if a doctor thinks it is medically important such that the finding has clear implications for my current or future health. | <input type="checkbox"/> |

ISAP Informed Consent Form
Impact of Semaglutide in Amyloid Positivity
CI: Dr Ivan Koychev

Version/Date: 5.0, 23 Aug 2023
IRAS Project number: 300550
REC Reference number: 22/WM/0013

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