



Consent Form (Version 1.3) General consent form

1. I agree to continue participating in the RAPSODI GD study.

2. I have read and understood the Participant Information Page for this study and have had the opportunity to ask questions (via email and telephone).

3. I understand and give permission for the RAPSODI GD research team to gain access to my patient notes to document any previous testing results for the glucocerebrosidase gene (GBA)

4. I understand that I will be required to complete a 'scratch and sniff' smell test, which will be posted to me 1-2 weeks after completing the surveys.

5. I understand I will be posted a saliva collection pot for genetic studies.

6. I agree to be contacted in the future for neurological examination or further questions related to the study which may be video recorded

7. I understand that my GP will be contacted to inform them of my participation in the study and if any referrals to NHS services are required on the basis of these assessments

8. I agree to the results of my tests being stored on a secure website for the duration of the study and after its completion.

9. I understand that any information collected will remain completely confidential.

10. I understand that the research team may ask me to provide samples of blood, urine or cerebrospinal fluid, however not consenting to give these sample will not affect my ability to participate in the study.

11. I understand that I may be offered the opportunity to participate in other research studies, either by email, phone or post

12. I understand that my involvement is voluntary, and I am free to withdraw at any time, without providing a reason.

13. I understand that, if I give permission, my GP will be contacted to inform them of my participation in the study.

Yes, I give permission.

No, I do not give permission.

14. I understand that, if I give permission, my genetic results will be disclosed to my GP.

Yes, I give permission.

No, I do not give permission.

15. I understand that, if I give permission, the clinician who looks after my Parkinson's Disease will be contacted to inform them of my participation in the study.

Yes, I give permission.

No, I do not give permission.

16. I understand that, if I give permission, my genetic results will be disclosed to the clinician who looks after my Parkinson's Disease.

Yes, I give permission.

No, I do not give permission.

17. I understand that, if I give permission, the research site (for instance an NHS Hospital) that, introduced me to this study will be informed of my participation in the study.

Yes, I give permission.

No, I do not give permission.

18. I understand that, If I give permission, my genetic results will be disclosed to the research site (for instance an NHS Hospital) that introduced me to this study.

Yes, I give permission.

No, I do not give permission.

Genetic testing

19. I understand and, if it has not already been carried out, give permission for genetic test for the Gaucher's gene (GBA) to be carried out.

I **do** wish to be informed of the result

I **do not** wish to be informed of the result

20. I understand and give permission for genetic testing for the LRRK2 gene to be carried out

I **do** wish to be informed of the result

I **do not wish** to be informed of the result

21. I understand that, if I give permission, any samples and associated data that I provide during my participation in the study may be transferred nationally or internationally to NON-COMMERCIAL collaborators. I

understand that, if I give permission, confidentiality will be maintained at all times. Information that directly identifies you, such as your name, will be replaced with a 'code' or 'ID number.' Your name and other identifying information will not be shared with other researchers. The purpose of this sample and data transfer will advance future research and the potential clinical significance of the study results through the use of more advanced analysis techniques such as artificial intelligence and whole genome sequencing. [For a list of our collaborators and their work please visit www.rapsodistudy.com]

Yes, I give permission.

No, I do not give permission.

22. I understand that, if I give permission, any samples and associated data that I provide during my participation in the study may be transferred nationally or internationally to COMMERCIAL collaborators. I understand that, if I give permission, confidentiality will be maintained at all times. Information that directly identifies you, such as your name, will be replaced with a 'code' or 'ID number.' Your name and other identifying information will not be shared with other researchers. The purpose of this sample and data transfer will advance future research and the potential clinical significance of the study results through the use of more advanced analysis techniques such as artificial intelligence and whole genome sequencing. [For a list of our collaborators and their work please visit www.rapsodistudy.com]

Yes, I give permission.

No, I do not give permission.