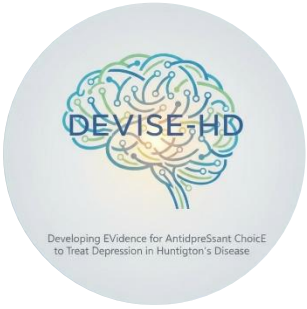
**Participant Id** [ ]




Developing EVIdence for AntidepreSsant ChoicE to Treat Depression in Huntington's Disease

Chief Inverstigator: Duncan McLauchlan & Cheney Drew.

## Participant Consent Form, V1.2 13/07/2026

If you would like to take part in this trial, please complete the consent form by initialling all the boxes and signing below.

| | | Please Initial Box |
|---|---|---|
| 1 | I have read and understood the information sheet that is accessible to me and dated 27/04/2026 V4.1 for the above study. I have been given time to think about the information, ask questions and have had these answered clearly. | |
| 2 | I understand that my participation is voluntary and that I am free to stop at any time, without giving any reason, without my medical care or legal rights being affected. | |
| 3 | I understand that I will be given either Sertraline or a capsule that looks the same but doesn't contain active medication (called a placebo). I'll take one capsule each day.. I won't be told which one I'm taking until the end of the study. | |
| 4 | I understand the research team will my contact my GP. This is so they can help support me while I am in the trial. The trial team may also contact my GP if they are worried about my wellbeing. This would only happen if it's important for my safety.<br>I understand they would try to talk with me first so I know what's happening. The team will handle this with care and respect, and will explain why they're getting in touch. | |

| | | | |
|---|---|---|---|
| 5 | I understand that data important to this study will be collected from my medical notes. People from Cardiff University, the NHS organisation responsible for my care and official organisations that check research is done properly, may look at parts of my medical notes and the data collected during the study.<br><br>They will only look at information that is relevant to my taking part in this research.<br><br>I give my permission for these individuals to have access to my records. | | |
| 6 | I understand that information about me (including name and address) will be held at the Centre for Trials Research (Cardiff University) according to the 2018 Data Protection Act. I understand that this information will be kept confidential and secure. | | |
| 7 | I understand [ Study Partner ] may be contacted to help complete assessments with me, if I choose or need support or if the resarch team has concerns about my wellbeing. The team will handle this with care and respect, and will explain why they're getting in touch | | |
| 8 | I understand that the findings and results of the study will be written up and published. The writting may include direct quotes but we won't use your name or any personal details. | | |
| 9 | OPTIONAL: I agree to donate blood at the start of the study and 6 months later and for these samples to be sent to the Welsh Neuroscience Tissue Bank at Cardiff University for analysis. I understand that I will not be given the test results. | YES | NO |

| | | YES | NO |
|---|---|---|---|
| 10 | OPTIONAL: I agree that any leftover blood samples can be stored in the Welsh Neuroscience Tissue Bank Lab and used in future research outside of the DEVISE-HD trial, by researchers from other universities or commercial companies both within the UK and abroad.<br><br>I understand the research may involve DNA analysis, animal research or use by the commercial sector and that researchers will not be able to identify me from my sample.Samples will not be stored with the patient's name, or NHS number but will labelled to allow them to be matched to medical data.<br><br>If you choose to withdraw, you can ask for your samples to be respectfully destroyed at the end of the project. If your wishes aren't clear, your samples will only be used for the purposes explained in the information sheet | | |
| 11 | OPTIONAL: It is okay that my anonymised data is shared with other approved researchers in the UK, or around the world to help them in their research. I understand that data which could identify me will not be shared. | YES | NO |
| 12 | I agree to take part in the study. | | |

We understand that taking part in research can feel overwhelming. If anything feels unclear or uncomfortable, please speak to the trial team — your wellbeing matters.

| | | |
|---|---|---|
| Participant | Signature | Date |
| Witness (if required) | Signature | Date |
| Person taking consent | Signature | Date |

One copy **(original)** to be kept in the hard copy DEVISE-HD site file. One copy to be given to the patient. One copy to be kept in the patient's medical notes.