[Form to be on headed paper] [Insert version number and date]

Centre Number:

Study Number:

Patient Identification Number for this trial:

**CONSENT FORM**

Title of project:

Name of Researcher:

 Please initial

box

1. I confirm I have read and understand the information sheet dated ………………….

(version ………) for the above study. I have had the opportunity to consider the information,

ask questions and have had these answered satisfactorily.

1. 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.

1. I understand that relevant sections of my medical notes and data collected during the study,

may be looked at by individuals from [company name], from regulatory authorities or from the

NHS Trust, where it is relevant to my taking part in this research. I give permission for these

Individuals to have access to my records.

1. I agree to my GP being informed of my participation in the study. [Delete as necessary]
2. I agree to take part in the above study.

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Name of Patient Date Signature

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Name of Person Date Signature

taking consent

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes.