

# Participant Consent Form



	Statement (please read)	Participant (initials)
1	I have read/ had read to me of the Patient Information Sheet for the above study (dated DD/MM/YYYY, version ____ ) and have had the opportunity to consider the information and ask questions.	<input type="checkbox"/>
2	I understand that my participation in this study is voluntary and that I may withdraw at any time without giving a reason. I understand that opting out won't affect my future medical care.	<input type="checkbox"/>
3	I give permission for researchers to look at my medical records to get information about my care, and to contact me as part of this research study.	<input type="checkbox"/>
4	I give informed explicit consent to have my data processed as part of this research study. I am happy for information about me related to the study being stored on password protected computer systems at my hospital and also at the University of Birmingham in England. This will be backed-up in a separate location to keep my information safe.	<input type="checkbox"/>
5	I consent to take part in this research study having been fully informed of the risks, benefits and alternatives.	<input type="checkbox"/>

Name of Participant

Name of Principal Investigator/ nominee taking consent

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\_\_\_\_\_

I, the undersigned, have taken the time to fully explain to the above patient the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signature of participant

Signature of researcher

\_\_\_\_\_

\_\_\_\_\_

Date form signed by participant  
DD / MM / YYYY

Date form signed by researcher  
DD / MM / YYYY

3 copies to be made: 1 for patient, 1 for PI and 1 for hospital