

PARTICIPANT CONSENT FORM



NIHR Global Health Research Unit on
Global Surgery

#	Statement (Please Read)	Participant (initial or thumb print each box)
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.	
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.	
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.	
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.	
5	I consent to take part in this research study having been fully informed of the risks, benefits and alternatives.	

Name of participant	Name of Principal Investigator/ nominee taking consent
Signature (or thumb print) of participant	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 researcher
Date form signed (or thumb printed) by participant DD / MM / YYYY	Date form signed by researcher DD / MM / YYYY

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