

## Consent Form

<Heading: State the title of the research project here>

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### **Consent Form**

#### **To be completed:**

##### **a. By the participant**

The participant should complete the whole of this sheet himself/herself.

1. Have you read the information sheet? (Please keep a copy for yourself) YES/NO
2. Have you had an opportunity to discuss this study and ask any questions? YES/NO
3. Have you had satisfactory answers to all your questions? YES/NO
4. Have you received enough information about the study? YES/NO
5. Who explained the study to you? .....
6. Do you understand that you are free to withdraw from the study at any time,  
without having to give a reason and without affecting your future medical care? YES/NO
7. Sections of your medical notes, including those held by the investigators relating  
to your participation in this study may be examined by other research assistants.  
All personal details will be treated as STRICTLY CONFIDENTIAL. Do you  
give your permission for these individuals to have access to your records? YES/NO
8. Have you had sufficient time to come to your decision? YES/NO
9. Do you agree to take part in this study? YES/NO

< If tissue samples are to be stored for later studies, insert an additional section here as no. 10.  
Asking for agreement (a) to store tissue; (b) to use stored material for future research (i) into the same  
condition as present research, (ii) research into any condition. >

Participant's signature.....Date.....

Name (BLOCK CAPITALS).....

##### **b. By the investigator**

I have explained the study to the above participant and he/she has indicated  
willingness to take part.

Signature of investigator.....Date.....

Name (BLOCK CAPITALS).....