

Department of <<XXX>>  
ADDRESS



Subject number:

<< insert PROJECT TITLE >>

## Consent Form

Please initial the  
BOX

I confirm that I have read and understand the information sheet dated  
XX/XX/XXXX (version X) for the above study and have had the opportunity to  
ask questions

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.

I understand that sections of my medical notes may be looked at by the  
research team where it is relevant to my taking part in the research. I give my  
permission for the research team to have access to my records.

I agree to take part in the above study

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Name of Participant

-----  
Date

-----  
Signature

-----  
Name of Researcher

-----  
Date

-----  
Signature

**1 copy to the patient, 1 copy to the researcher, 1 Original for the  
patients' notes**