

C R I B

Cardiac Rehabilitation in Bowel Cancer

NON-PARTICIPATION PATIENT CONSENT FORM

		PLEASE INITIAL BOX IF YOU AGREE
1.	<p>I agree to have information about my diagnosis, treatment and blood test results passed on by the colorectal cancer clinicians to the researchers so that they can find out how representative the study sample is of all colorectal cancer patients.</p> <p>I understand that this information from this study will be kept in a locked filing cabinet at the University of Stirling and stored in a password-protected folder on the University computer hard drive.</p>	

Name of patient _____

Signature _____ Date _____

Name of witness _____

Signature _____ Date _____