

C R I B

Cardiac Rehabilitation in Bowel Cancer CANCER PATIENT CONSENT FORM

		PLEASE INITIAL BOX IF YOU AGREE
1.	I confirm that I have read and understand the information sheet (version 2 18Feb 2013) for this study and have had the opportunity to ask questions	
2.	I understand that if I participate in an interview it may be audio-recorded	
3.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason	
4.	I understand that the research team will hold the information I give confidentially and my name will not be mentioned in any reports	
5.	I understand that all 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	
6.	I understand that if consent to participate in the study is declined or terminated at any stage, I will enter normal post treatment follow up care	
7.	If I withdraw from the study at any time, I consent to the retention of data collected up to the point of my withdrawal	
8.	I agree to a letter being sent to my GP informing them that I am involved in this study	
9.	I agree to participate in this study	

Name of participant _____

Signature _____ Date _____

Name of witness (Research team member) _____

Signature _____ Date _____