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Trial Consent Form

**Copy 1
Participant's Copy to Keep**

I have:

- Discussed the study with

Yes No

- Been given the Information Leaflets about the study
- Received satisfactory answers to questions
- Been given satisfactory information about the study

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I understand that:

- I have chosen to be randomly allocated to either having surgery or continuing with medication for the treatment of my reflux symptoms
- I will be sent questionnaires at specified time intervals after starting the study
- I may be approached to find out how I am, for some years after starting the study
- Information related to treatment of reflux may be collected from my medical notes
- My family doctor will be notified that I am taking part in the study
- I am free to withdraw from the study at any time without having to give a reason
- If I withdraw, this will not affect my future care

I agree to take part in the study

Signature of participant

Name (in block capitals)

Date

I confirm that I have explained to the person named above, the nature and purpose of the study and the procedures involved

Signature of researcher

Date

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Trial Consent Form

Copy 2
To Return to The REFLUX Trial Office

I have:

- Discussed the study with

- Been given the Information Leaflets about the study
- Received satisfactory answers to questions
- Been given satisfactory information about the study

Yes

No

I understand that:

- I have chosen to be randomly allocated to either having surgery or continuing with medication for the treatment of my reflux symptoms
- I will be sent questionnaires at specified time intervals after starting the study
- I may be approached to find out how I am, for some years after starting the study
- Information related to treatment of reflux may be collected from my medical notes
- My family doctor will be notified that I am taking part in the study
- I am free to withdraw from the study at any time without having to give a reason
- If I withdraw, this will not affect my future care

I agree to take part in the study

Signature of participant

Name (in block capitals)

Date

I confirm that I have explained to the person named above, the nature and purpose of the study and the procedures involved

Signature of researcher

Date