Participant Study No





Trial Consent Form

No

Yes

Copy 1 Participant's Copy to Keep

I have:

The

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

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

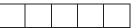
I confirm that I have explained to the person named above, the nature and purpose of the study and the procedures involved

Signature of researcher

Date



Participant Study No



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

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	

