

NETSCC Health Technology Assessment Programme reference 09/22/136

ISRCTN71327395

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|--|---|----------------------|-------------|-----------|-------------|-------------|---------------|
| Study | Site: | | | | | | |
| Patient Identification Number for this trial: | | | | | | | |
| INFORMED CONSENT FORM | | | | | | | |
| Name | of Chief Investig | ator: Mr Paul Hilton | | | | | |
| The pa | rticipant should | complete these quest | tions herse | lf | | | |
| | | | | | | Please | INITIAL boxes |
| 1. | . I confirm that I have read and understand the INVESTIGATE-I information sheet dated 5 th October 2010 (version 1.0) for the above study. I have had the opportunity to consider the information, ask questions and have them answered satisfactorily. | | | | | | |
| 2. | . I understand that my participation is voluntary and that I can ask for the study to be stopped at any time, without giving any reason, without my medical care or legal rights being affected. | | | | | | |
| 3. | 3. I understand that sections of my medical notes may be looked at by responsible individuals from the study sponsor or its representatives, or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records. | | | | | | |
| 4. | 4. I agree to my GP being informed of my participation in the study. | | | | | | |
| 5. | . I agree to take part in the above study | | | | | | |
| Name of Participant | | Date | | Signature | | | |
| Name of Person taking consent | | Date | | Signature | | | |
| When completed, make and file 3 copies, 1 for patient; 1 (original) for researcher site file; 1 for medical notes. | | | | | | | |
| INVESTIGATE-I Pa | | Patient Consent Form | Version 1.0 |) | Page 1 of 1 | Date: 05-10 | -2010 |