

**CONSENT FORM (COHORT)**  
(Patient Consent Form Cohort V2-0 10Oct2011)

**Participant study ID:**

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**Title of Project:** CONSTRUCT

**Name of person taking consent:**

	Please initial each box
1. I confirm that I have read and understand the information sheet dated 10 October 2011 Version 13 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	
3. I understand that relevant sections of my medical notes may be looked at by a research nurse, regulatory authorities or the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
4. I agree to the research team holding personally identifiable information	
5. I agree that a copy of this Consent Form is sent to the CONSTRUCT Trial Office	
6. I agree to data being collected (through the research computer	
7. I agree to the completion of a questionnaire	
8. I give my permission for my progress to be followed for up to ten years using information taken from my NHS records	
9. I agree to my GP being informed of my participation in the study	
10. I agree to aspects of my anonymised data being used for reports about the research	
11. I agree to take part in the above study	

Your name in capitals	Date	Signature

Name of person taking consent in capitals	Date	Signature

When completed, the original should be kept in the Trial Site File, a copy should be kept in the medical notes, a copy be given to the patient and one sent to the CONSTRUCT Trial Office.