

Relative's Patient Identification Number:

CARER CONSENT FORM

THE DiPALS TRIAL

Diaphragm Pacing in Motor Neurone Disease

Please

initial box

1. I confirm that I have read and understand the information sheet dated.....

(version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I have been given enough information about the study and had enough time to come to my decision

3. 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.

4. I agree to be contacted for the qualitative interview*

5. I agree to take part in the above study.

Carer:

Signature:

Print Name:

Date:.....

Investigator: I have explained the above study to the participant and obtained consent

Signature:

Print Name:	Date:.....
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1 copy for carer; 1 for researcher site file; 1 (original) to be kept in relative's medical notes.

*Only 12 of 108 participants and their carers will be selected for the interviews