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Consent for medication removal and return preferences

Patient name: _____

Address: _____

Date	Medication (Name, form and strength)	Quantity	Notes (e.g. out of date)

I give my permission for researchers to remove medicines (listed above) from my use by placing them in a sealed bag for the duration of the trial. I agree not to open the bag until researchers tell me that the trial is complete. If, in an emergency, I open the bag I will let the researchers know.

SIGNATURE OF PATIENT: _____

SIGNATURE OF RESEARCHER: _____

DATE: _____