

Patient Study Number:	Patient Initials:
Patient DOB:	Site ID:
Principal Investigator:	Version:

*[Delete this line, then print on Trust headed paper]*

**PATIENT CONSENT FORM**

Where witnessed consent is required please use the Witnessed Consent Form



**PURPOSE**

**Pressure UlceR Programme Of ReSEarch**

**Pressure Ulcer Risk Assessment Framework (PURAF) Field Test 1**

Patient initial after each question

1. I confirm that I have read and understand the information sheet dated 23.05.2012 (version 2) for the above study. I have had the opportunity to 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 my medical care or legal rights being affected. ....
  
3. I understand that if I withdraw from the above study, the data already collected from me will be used in analysing the results of the study unless I specifically withdraw consent for this. ....
  
4. I understand that relevant sections of my healthcare records and data collected during the study may be looked at by individuals from the NHS Trust and the University of Leeds, where it is relevant to my study participation. I give permission for these individuals to have access to my records. ....
  
5. I consent to the storage including paper and electronic, of personal information for the purposes of this study. I understand that any information that could identify me will be kept confidential and that no personal information that could identify me will be included in the ....

