

improve

CONSENT FORM

Participant Identification Number for study:

Please initial box

➤ I confirm that I have considered the information sheet (version 2.0, 11/09/2012) for the above study and have had the opportunity to ask questions.

➤ I understand that participation is voluntary and that I am free to withdraw at any time.

➤ I agree to take part in the above study.

.....
GP [print name]

.....
Date

.....
Signature

.....
Researcher

.....
Date

.....
Signature

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