

# EXEMPLAR CONSENT FORM



## **Consent form**

DIRECTORATE OF SURGERY AND ANAESTHESIA

ROYAL LONDON HOSPITAL, WHITECHAPEL, LONDON E1 1BB

Consent Form A – Subject

**Version 1.3, 20.09.2007**

East London and the City Research Ethics Committee 1

**REC number: 07/Q0603/29**

**Title: Activation of Coagulation & Inflammation in Trauma**

**Principal Investigator: Mr. Karim Brohi, FRCS FRCA**

Please initial box to indicate agreement

1. I confirm that I have read and understood the information sheet dated 20.09.2007 [ ]  
(version 1.3) for the above study and have had the opportunity to ask questions. I have  
been given a copy of the patient's information sheet to keep.

2. I understand that my participation in this study 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 sections of any of my medical notes may be looked at by professional [ ]  
individuals involved in this study or by regulatory authorities where it is relevant to my taking  
part in research. I give permission for these individuals to have access to my records. I  
understand that my personal data will be processed and stored securely in compliance with  
the 1998 Data Protection Act.

4. I agree to take part in the above study. [ ]

\_\_\_\_\_  
Name of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I have explained this in terms which, in my judgement, are suited to the understanding of the patient.

\_\_\_\_\_  
Name of person taking consent  
(if different from Investigator)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature