**REC Reference Number:** Please insert REC Ref number **IRAS ID**:

**EudraCT Reference Number**: Please insert EudraCT number

**Patient Identification Number for this trial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENT FORM**

**Title:** Please insert study title

|  |  |  |
| --- | --- | --- |
| **Name of Researcher:** Please insert researcher name and address | | Please initial each box |
| I confirm that I have read and understand the information sheet dated \_\_\_\_\_\_\_\_\_ version\_\_\_\_\_\_ or the above study and have had the opportunity to consider the information, ask questions and have these answered satisfactorily. | |  |
| 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. | |  |
| I understand that relevant sections of any of my medical notes and data collected during the study may be looked at by responsible individuals from City St George’s University of London (SGUL) and/or St George’s University Hospitals NHS Foundation Trust (SGHT), the NHS Trust or from 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 agree to take part in the above study. | |  |
| I agree to my anonymised data and/or results being used for future, ethically-approved research | |  |
| I agree to my samples being used as described in the information sheet | |  |
| I agree to my samples being used for future, ethically-approved research studies [OPTIONAL] | |  |
| I agree to DNA testing [OPTIONAL] | |  |
| I agree to my GP being informed of my involvement [OPTIONAL] | |  |
| Name of patient:  Signature: | Date: | |
| Name of person taking consent:  Signature: | Date: | |

***When completed: Original - Investigator Site File; Copy – Participant; Copy – Medical notes***