

Reference Range Project

Centre Number:

Study Number:

Patient Identification Number for this trial:

CONSENT FORM

Title of Project:

Name of Researcher:

Please initial box

1. I confirm that I have read and understand the information sheet dated

(version) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that as a volunteer and I am free to withdraw at any time,

without giving any reason, without my medical care or legal rights being affected.

3. I agree to my GP being informed of my participation in the study.....

4. I understand that relevant sections of all the research notes and data collected during the study may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

.....

5. I agree to take part in the above study.....

Name of Patient Date Signature

Name of Person taking consent Date Signature

(if different from researcher)

Researcher Date Signature

(When completed, 1 for patient; 1 for researcher site file; 1 (original) to be kept in medical notes)

Consent form to be used in conjunction with LTHT informed consent guidance.