# Consent Form for Participants Able to Give Consent

Centre/Site name (if applicable):

Study Protocol number:

**Full Title of Project:**

Name of Principal Investigator:

*Add/Delete/Amend clauses as appropriate* **Please Initial Box**

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| 1. I confirm that I have read and understood the participant information sheet version ................dated ............for (Enter Full Title of Project) and have had the opportunity to ask questions which have been answered fully. |  |
| 1. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason and without my legal rights nor treatment / healthcare being affected. |  |
| 1. I understand that sections of any of my medical notes may be looked at by responsible individuals from [company/ institution name], the NHS Trust or from regulatory authorities where it is relevant to my taking part in this research. |  |
| 1. I give / do not give (delete/mark as applicable) consent for information collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment [delete as applicable] by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure). |  |
| 1. **OPTIONAL -** I give / do not give (delete/mark as applicable) consent for samples (human tissue) collected about me to be used to support other research or in the development of a new test, medication, medical device or treatment [delete as applicable] by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure). |  |
| 1. I understand that tissue samples and / or data collected from me are a gift donated to Imperial College / Imperial College Healthcare NHS Trust (delete as applicable) and that I will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication treatment, product or service. |  |
| 1. I consent to take part in (enter Full Title of Project). |  |
| 1. I give / do not give (delete/mark as applicable) consent to being contacted about the possibility to take part in other research studies. |  |
| 1. **OPTIONAL** - I agree / I do not agree to my tissue samples being used to undertake genetic research which may have the potential to generate data that can be tracked back to me. |  |

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Name of participant Signature Date

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Name of person taking consent Signature Date

1 copy for participant; 1 copy for Principal Investigator 1 copy for hospital notes

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format