

Consent form template

The consent form template below will be suitable for many studies but may need alterations to be commensurate with your study and must be used in conjunction with the guidance given in [*Information Sheets & Consent Forms. Guidance for Researchers and Reviewers*](#)

For some studies a fuller, itemised or hierarchical consent form may be needed to cover important issues, especially if additional elements are optional for the participant. These may include:

- additional invasive tests or samples required for study purposes only;
- consent to use of audio/video-taping, with possible use of verbatim quotation or use of photographs;
- transfer of data/samples to countries with less data protection;
- agreement to receive individual feedback from testing.

Centre Number:

Study Number:

Patient Identification Number for this trial:

CONSENT FORM

Title of Project: [PROJECT TITLE]

Name of Researcher: [NAME OF CHIEF INVESTIGATOR]

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated [DATE] (version [VERSION NUMBER]) 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 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. ☐
3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from [COMPANY NAME], 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. ☐
4. I agree to my GP being informed of my participation in the study. ☐
5. I agree to take part in the above study. ☐

Name of Participant

Date

Signature

Name of Person
taking consent.

Date

Signature

Consent form date of issue: [DATE]

Consent form version number: [VERSION1]