**Participant Consent Form**

# **Name of principal investigator/researcher: Shreyas Manjunath**

# **Title of study: A Flexible and modular platform for presentation of Medical data to clinicians.**

Please tick or

initial box

|  |  |  |
| --- | --- | --- |
| 1 | I confirm that I have read and understood the participant information dated [INSERT DATE AND VERSION NUMBER] for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily. | ✓ |
| 2. | I understand that my participation is voluntary and that I am free to withdraw without giving a reason without being penalised or disadvantaged. | ✓ |
| 3. | I agree to the focus group/interview being audio OR video recorded. | ✓ |
| 4. | I agree to City recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR). | ✓ |
| 5. | I agree to take part in the above study. | ✓ |

Sreeyanka Rani Upputuri Sreeyanka Rani Upputuri 06/12/2023

Name of Participant Signature Date

Shreyas Manjunath Shreyas Manjunath 06/12/2023

Name of Researcher Signature Date