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Consent Form

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ABSTRACT

Consent form for Predicting Cognitive Decline After Spinal Surgery (PROTECT).

PATIENT CONSENT FORM

Study Title:

PROTECT-PRedicting c**O**gni**T**ive d**EC**line af**T**er spinal surgery

R+D Reference: GN21OR387
IRAS Reference:

Chief Investigator and Principal Investigator: Dr Christopher Hawthorne

Co-Principal Investigator: Dr Malcolm Watson

Please initial each box

1. I confirm that I have read and understand **PATIENT INFORMATION SHEET** version 1.0 dated, for the above study and have had the chance to ask questions.

2. I understand that my taking part is voluntary and that I am free to stop at anytime, 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 the Sponsor, 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 General Practitioner being informed of my participation in the above study. I understand that I will get a copy of this signed and dated consent form.

5. If I lose the ability to give consent during this study I agree to continue with study procedures and follow up.

6. If I lose the ability to give consent during this study the investigators have permission to consult my Welfare Power of Attorney if one has been appointed or my nearest relative/ accompanying adult (named below).

Welfare Power of Attorney: _____

Nearest relative/ accompanying adult: _____

7. I agree to my anonymised data/ blood samples being stored in the Institute of Infection, Immunity and Inflammation Research Tissue Bank (I3I RTB), University of Glasgow and being used for future studies approved by the I3I RTB Glasgow University.

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

_____

Name of Patient **Date** **Signature**

Investigator	Date	Signature