



UNIVERSITY  
*of*  
GLASGOW

**CONSENT FORM:**

ECG recording in the signal processing lab (MSC/BENG/MENG)

SUBJECT NAME.....DATE OF BIRTH.....

**To be completed by the Subject**

**Please Tick**

**Yes      No**

Have you read the Information Sheet?

☐      ☐

Have you had an opportunity to ask questions and discuss this study?

☐      ☐

Have you received satisfactory answers to all your questions?

☐      ☐

Have you received enough information about the study?

☐      ☐

Who have you spoken to? Prof/Dr/Mr/Ms \_\_\_\_\_

Do you understand that you are free to withdraw from the study at any time  
and without having to give a reason?

☐      ☐

Do you agree to take part in this study?

☐      ☐

Signed.....

Date.....

Name in Block Letters.....

Signature of Witness.....

Date.....

Name in Block Letters.....