# Explicit Consent Form Template

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| **Reference Number: Protocol Number:** **Title of Study:** **Patient / Respondent Identification Number for this research** **Name of Researcher**  |

1. I confirm that I have read and understood the information leaflet dated…………. for YES NO

the above research study and received an explanation of the nature, purpose and

duration of the study.

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2. I understand that my participation is voluntary (my choice) and that I am free to YES NO

 withdraw at any time without my medical care or legal rights being affected.

3. I am willing to allow access to my medical records by the relevant and responsible people

from the research authorities but understand that strict confidentiality will be maintained.

The purpose of this is to ensure that the study is being carried out correctly. YES NO

4. I understand that relevant sections of my medical notes and or data collected

during the study, may be looked at by individuals from **[COMPANY/ ORGANISATION NAME]**, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. YES NO

5. I agree to take part in the study.

 …………………………………….... ………………………… ……………………………….

Name of Patient (in block letters) Date Signature

 …………………………………………………. …………………………….. ……………………………….

Name of Person taking consent Date Signature

(If different from doctor/researcher)

…………………………………………. ………………………… …………………………………….

Doctor/Researcher Date Signature

 **1 copy for patient, 1 copy for researcher**