



Patient consent form – clinical trial

Title: Study of advance care planning with older patients who have renal failure

Name of Researcher: Dr Peter O'Halloran

Centre Number (please circle):

1	2
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Participant Identification Number for this trial:

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**Please
initial
box**

1.	I confirm that I have read the information sheet dated.....(version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had my questions fully answered.	Please initial box
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my health care being affected.	Please initial box
3.	I understand that relevant members of the research team will look at my medical records to collect information on my medical condition and also about my use of health services over the twelve months of the research. I give permission for these individuals to have access to my records.	Please initial box
4.	I agree to my General Practitioner being informed of my participation in the study.	Please initial box
5.	I agree to take part in the above study.	Please initial box

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Name of Participant (CAPS)

Date

Signature

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Name of person taking consent (CAPS)

Date

Signature