

Croydon University Hospital

530 London Road

Croydon

CR7 7YE

Switchboard Tel: (020) 8401 3000

Informed Consent Form

Study Number:

Women & Children's Directorate

Direct Line Tel: (020) 8401-3145

Direct Fax: (020) 8401-3681

Email: Ranee.Thakar@mayday.nhs.uk

CIVIL - Copper Impact on Venous Insufficiency and Lipodermatosclerosis

Please sign the box with initials

1. I confirm that I have read and understood the information sheet, dated 17/03/2015, for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my medical care or legal rights being affected.

3. I understand that sections of my medical notes may be looked at by responsible individuals in this study where it is relevant to my taking part in research. I give permission to these individuals to have access to my records.

4. I understand that photographs of my legs will be taken at baseline, after 2, 4 and 8 weeks. I give permission to have photographs of my legs.

5. I consent for my GP to be informed about my participation in this study.

6. I agree to take part in this study.

Name of patient

Date

Signature

Name of researcher

Date

Signature