

Consent Form

Title of Project

The role of cardiopulmonary exercise testing in the diagnosis and management of people with Heart Failure.

Name of Principal Investigator:

Dr. Peter McKavanagh

Please initial

• I confirm that I have read and understood the Participant Information Sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

[Initial here:]

• I understand that my participation is voluntary, and I am free to withdraw at any time without giving a reason and without any effect on the healthcare services being provided to me.

[Initial here:]

• I understand that relevant sections of my medical notes and data collected during the study, may be looked at by researchers from Ulster University and from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

[Initial here:]

• I understand that the information held and maintained by the health and social care trust may be used to help contact me or provide information about my health status.

[Initial here:]

• I agree to take part in the above study.

[Initial here:]

Name participant

Signature

Date

Name of researcher

Signature

Date

Please return one signed copy of this form to the Chief Investigator. Please retain the other copy for your records. If you have any questions about the study or should you require any additional information please contact:

Dr. Peter McKavanagh
Cardiology Dept, Ulster Hospital, Dundonald
Secretary Tel: 028 9048 4511 ext 21762
Email: Wendy.Wratten@setrust.hscni.net

One copy for the participant; one copy for the researcher.