

Centre Number (if applicable):

Study Protocol Number:

EudraCT number (if applicable):

## CONSENT FORM

**Full Title of Project: Use of non-invasive optical analysis in Neurosurgery – A pilot study**

**Date: 30/12/2019**

Name of Principal Investigator: Mr Kevin O'Neill

**Please initial box**

1. I confirm that I have read and understand the participant information sheet dated 30/12/2019 version 2.0 for the above study and have had the opportunity to ask questions which have been answered fully.

2. I understand that my participation is voluntary and 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 any of my medical notes may be looked at by responsible individuals from Imperial College, from Imperial College NHS Trust or from regulatory authorities where it is relevant to my taking part in this research.

4. I give permission for these individuals to access my records and collect clinical data that are relevant to this research.

5. I give consent for non-identifiable videos and/or images of my surgery to be collected during this study to be used in for the purpose of this research.

6. I consent to take part in the above study.  . I

6a. (OPTIONAL) I give consent to being contacted to potentially taking part in other research studies.

Name of Patient/Participant

Signature

Date

Name of Person taking consent  
(if different from Principal Investigator)

Signature

Date

Principal Investigator

Signature

Date

1 copy for patient/participant; 1 copy for Principal Investigator; 1 copy to be kept with hospital notes