

Skin Care Network
3 Church Passage
Wood Street
Barnet
EN5 4QS



Patient Consent Form

Short Title IRAS 240419

Title Efficiency of Presurgical Basal Cell Carcinoma margin mapping
using Optical Coherence Tomography

Protocol Number IRAS 240419 Protocol V04

Project Sponsor Michelson Diagnostics Ltd

Principal Investigator Dr Howard Stevens

Patient Identification Number for this trial:

Patient Clinic Identification Number:

Declaration by Participant (Please initial each box)

1. I have read the Participant Information Sheet.

2. I understand the purposes, procedures and risks of the research described in the project.

3. I give permission for my doctors, other health professionals, hospitals or laboratories outside this clinic to release information from the Skin Care Network concerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential.

4. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records

5. I have had an opportunity to ask questions and I am satisfied with the answers I have received.

6. I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.

7. I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print)		_____
Signature	_____	Date _____

Name of Witness (please print)		_____
Signature	_____	Date _____

Declaration by Study Doctor/Senior Researcher[†]

I have given a verbal explanation of the research project, its procedures, and risks and I believe that the participant has understood that explanation.

Name of Study Doctor/Senior Researcher [†] (please print)		_____
Signature	_____	Date _____