

Form 01

Centre: **XXXX**

Form version: 04/01/2024, Version 1.0

Study Number: IRAS Project ID: **XXXX**

Participant Identification Number for this trial:

CONSENT FORM

Title of Project : **Path Active; Safety and Tolerability Study. (PASTS)**

Chief Investigator : **Richard Leigh**

To be completed by the participant

Please INITIAL each box

1) I confirm that I have read the information sheet dated 04.01.2024 (version 1.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

Initial

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

Initial

3) I understand that relevant sections of my medical notes and data collected during the study may be looked at by investigators of the trial, from regulatory authorities or 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 (which may include them being sent a copy of this consent form).

Initial

4) I agree that my GP can be informed of my involvement in this study.

Initial

6) I agree to take part in the above study.

Initial

7) I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.

Initial

Initial

8) I would like a summary report of the findings of this trial sent to me.

_____	_____	_____
Name of patient	Signature	Date

_____	_____	_____
Name of person taking consent (if different from researcher)	Signature	Date

_____	_____	_____
Researcher	Signature	Date

When completed: 1 form for patient, 1 to be kept as part of the researcher site file, 1 to be kept with hospital notes.

Contact details for further information

Centre contact details