

## Informed Consent Form

### ***Small/diminutive polyp training module using novel endoscopic imaging: a comparison between didactic training and self-directed computer based training***

**ID:**                      \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

**Initials:**                     

**Principal Investigator:**                      \_\_\_\_\_

***Please initial inside each box***

1	I confirm that I have read and understood the information sheet, dated __ / __ / ____ version number __ . __ for the <i>polyp training module</i> . I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily.	<input type="checkbox"/>
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I understand that data collected up to my time of withdrawal may be used.	<input type="checkbox"/>
3	I understand data collected from me during the study will be looked at by individuals from the research team, representatives of the sponsor, from regulatory authorities, or from the NHS Trust, where this is relevant. I give permission for these individuals to have direct access to the data I supply.	<input type="checkbox"/>
5	Data collected that identifies me by name, ( <i>consent form and registration forms</i> ) , will be transferred from where it is collected and stored at the University of Birmingham, I agree to the transfer and storage of this data.	<input type="checkbox"/>
6	I understand that the information I have given you will be stored at the University of Birmingham, and that this data will be destroyed when it is no longer needed in accordance with the Data Protection Act 1988. I agree to this data being stored.	<input type="checkbox"/>
7	I agree to take part in this study.	<input type="checkbox"/>

\_\_\_\_\_  
*Name of Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*