



Mr Daniel Howgate

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Study Code:

Site ID Code:

Patient identification number:

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PATIENT CONSENT FORM

THR PERFORMANCE & ASSESSMENT

Name of Researcher:

If you agree, please initial box

1. I confirm that I have read the information sheet dated..... (version.....) for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand the lead researcher and research team (supervisors or collaborators) will have access to the minimum personally-identifiable information possible. Only completely anonymised data will be used outside of NHS premises.	
3. I understand that responsible members of the University of Oxford may be given access to anonymised study records data for monitoring and/or audit of the study to ensure that the research is complying with applicable regulations.	
4. 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.	
5. I agree to take part in this study.	

Name of Participant

Date

Signature

Name of Person taking
Consent

Date

Signature

**1 copy for participant; 1 copy for researcher site file; 1 (original) to be kept in medical notes (if participant is a patient).*

Patient Consent form
THR Performance & Assessment
CI: Professor Jonathan Rees

Version 2.0 12th October 2019
REC Reference number: 19/SC/0492
IRAS Ref: 270167