

INFORMED CONSENT FORM - Version 1.4 27/11/23

Research Study Title: A cross-sectional study assessing the agreement between sonographer based assessment of the fatty liver using conventional ultrasound and attenuation imaging scoring.

Participant Identification Number:

Site: Bronglais Hospital, Aberystwyth

N.B. Three copies will be made for: (1) Participant, (2) Original – Researcher/ Study Site File Researcher, (3) Medical records (if relevant).

Research Team Lead: Laura Mundy

Contact

Telephone

Number:

01970

635682

Read carefully the following statements and, if you agree, please INITIAL (do not tick) the adjacent boxes.

INITIAL BOX

1.	I confirm that I have read and understood the Participant Information Sheet – (Version 1.4 27/11/23) for the above research study. I have had the opportunity to ask questions, and I am happy with the answers given.	
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.	
3.	If relevant, I understand that sections of any of my medical notes may be looked at by: responsible individuals from the Research Team or regulatory authorities where it is relevant to my taking part in research and the sponsor's representatives in Hywel Dda University Health Board for monitoring the conduct of the study. I give permission for these individuals to have access to my records.	
4.	I confirm that I have understood all the above mentioned aspects and I agree to take part in the US & Attenuation imaging research study.	

If you wish to receive a copy of the research study when it is completed then this can be emailed or posted to you if you would prefer. Please give either your email address or a postal address for this to be sent to.

Email:
Postal Address:

Full Name of Participant (PRINT)	Date:	Signature:
Full Name of Person receiving consent (PRINT)	Date:	Signature: