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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Ysbyty Athrofaol
Cymru
University Hospital
of Wales



IRAS ID: 238464

Study ID Number:

Patient Identification Number:

PARTICIPANT RE- CONSENT FORM 2 [Version 2.0 30/01/18]

Title of Study: Measuring Physical Activity Levels in Critical Care: A Feasibility Study

Name of Researchers: Mrs Laura Jones, Dr Harriet Shannon

Please initial box

1. I confirm that I have read and understand the information sheet dated 30/01/18 [version 2.0] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐

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.

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

☐

4. I agree for the data already collected whilst I was wearing the activPAL™ device to be used for this research study.

☐

5. I agree to take part in the above study.

☐

6. I would like to receive a copy of the findings of the study: Yes

☐

No

☐

Name of patient

Date

Signature

Name of person taking consent

Date

Signature

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes.