

Timing of Suture Removal to Reduce Scarring in Skin Surgery

Participant Consent Form

IRAS ID: 303519

Participant Number:

Initials:

I confirm that I have read the patient information sheet, v3, dated 9 th September 2021 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
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.	
I agree to my General Practitioner being informed of my participation in the study.	
I agree to having photos taken of my skin lesion, which will be uploaded directly to my electronic patient record	
I agree to my medical records being accessed by the research team for routinely collected data such as age, past medical history and surgical procedure notes	
I agree to take part in the above study.	

Participant:

Signature:

Date:/...../.....

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Name (please print):

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Consenter:

Signature:

Date:/...../.....

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Name: (please print):

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