

## 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 <sup>th</sup> 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: ...../...../.....

.....  
Name (please print):

**Consenter:**

Signature:

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

.....  
Name: (please print):