

## Consent Form

Project Title	An exploratory study on the prevalence of sarcopenia-promoting medicines in people with sarcopenia and falls
Principle investigator name	Kamaldeep Sahota
Patient Identification for project	

		Please initial
1.	I confirm that I have read and understood the information sheet dated July 2025 (Version 4) for the above study and have had the opportunity to ask questions	
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.	I understand that sections of any of my medical notes may be looked at by responsible individuals from (company name) or from regulatory authorities, or NHS Trust where it is relevant to my taking part in the research. I permit these individuals to have access to my records.	
4.	I agree to take part in the above study.	
5.	<p><i>Optional:</i>            I would like to receive a summary of the results when the study is finished.            [Yes / No] (please circle). If yes, please provide your preferred contact details:</p>	

Name of participant	
Date	
Signature	

Name of person taking consent	
Date	
Signature	

Please complete in duplicate and allocate 1 form for the Patient and 1 to be kept as part of the study documentation.