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INFORMED CONSENT FOR GIVING ACCURATE INFORMATION (QUESTIONAIRE)

Full Title of Project Research: _____

Name of Principal Investigator (Researcher): _____

Please Tick Inside Initial Inbox

1. I confirm that I have read / understand the subject information sheet dated _____ Version _____for the above study and have had the opportunity to ask questions which have been answered fully. ☐
2. I understand that my participation is voluntary and I am free to withdraw at any time, without any reason, without my medical care or legal being affected. ☐
3. I understand that sections of any of my medical notes may be looked at by responsible individuals from [institution] or form regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to access my records that are relevant to this research. ☐
4. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	**Signature**	**Date**

_____	_____	_____
Principal Investigator	**Signature**	**Date**