

**The impact of robotic surgery on teamwork
Patient consent form**

Study ID:

Please read this form carefully and initial the box next to each statement.

I confirm that I have read and understand the information sheet dated 28/03/14 (version 3) for the above study.

I have had an opportunity to consider the information, ask questions and clarify anything that I do not understand.

I understand that my participation is voluntary and that I am free to withdraw at any time before the operation without giving any reason.

I understand that a member of the research team will observe and video record my operation.

I understand that still images and clips from the video of my operation may be used in presentations, publications, and training materials but it will not be possible to identify me.

I understand that data collected during the study may be looked at by the research team for analysis, and by responsible individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research.

I agree to take part in the above study.

Full name of participant

Date

Signature

Name of person taking
consent

Date

Signature