



ISRCTN:

Study number:

Form number:

07448447

PATIENT CONSENT FORM FOR 3CPO STUDY

(Is non-invasive ventilation effective in patients with acute heart failure?)

Lead Researcher:

Please tick to confirm

- I have read the information sheet for the above study
- I have had the opportunity to ask questions about the study and to discuss it with family and friends
- I understand the purpose of the study and how I will be involved
- I understand, and accept, that if I take part in the study I may not gain direct personal benefit from it
- I understand and accept that, as explained in the information sheet the treatment I am given may have some side effects
- I understand that all information collected in the study will be held in confidence and that, if published or presented, all my personal details will be removed
- I give permission for the researchers and responsible individuals from regulatory authorities to have access to my medical notes and other routine NHS data sources when this is relevant to my taking part in the research
- I confirm that I will be taking part in the study of my own free will, and I understand that I may withdraw from it, at any time and for any reason, without my medical care or my legal rights being affected
- I agree to take part in the above study

Patient name: _____

Date: __/__/__

Signature: _____

Verbal consent only

Please tick box and clinician and witness sign

Person taking consent: _____

Date: __/__/__

Signature: _____

Witness name: _____

Date: __/__/__

Signature: _____

PRINTED NAME AND SIGNATURE FOR ALL ABOVE