



ISRCTN:
07448447

Study number:

Form number:

PATIENT RETROSPECTIVE 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, how I have already been involved, and how I will be involved in the future
- I understand, and accept, that if I continue to take part in the study I may not gain direct personal benefit from it
- 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: _____

Person taking consent: _____ Date: ___/___/___ Signature: _____

Witness name: _____ Date: ___/___/___ Signature: _____

PRINTED NAME AND SIGNATURE FOR ALL ABOVE