

*(Form to be on headed paper)*

Study Number:

## PATIENT CONSENT FORM 2

**Title of Project: COMICE Well-Being Study**

Research Nurse:

1. I confirm that I have read and understand the information sheet dated ..... (version .....) 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 my information will be recorded on audiotape for this study and that data protection regulations will be observed and strict confidentiality maintained.

4. I agree to take part in the above study.

\_\_\_\_\_

\_\_\_\_\_

Name of Patient

Date

Signature

\_\_\_\_\_

Name of Researcher taking consent Date

Signature