



## CONSENT FORM (adults)

### Virus Shedding Study

#### Virus shedding and environmental deposition of novel A(H1N1) pandemic influenza virus

Patient Identification Number for this trial: \_\_\_\_\_

#### Please Initial Boxes

1. I confirm that I have read and understood the information sheet for the above study dated 06 August 2009 (version 1.1). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
2. I understand that my taking part is voluntary and that I am free to pull out at any time, without giving any reason, without my medical care or legal rights being affected.
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by members of the research team, responsible individuals from the University of Nottingham (inspectors) or regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
4. I agree that should I lose the capacity to consent during the study, my full participation in it can continue.
5. I agree to my GP/hospital clinician being informed of my taking part in the study.
6. I agree to take part in the study.

\_\_\_\_\_  
Name of person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature