

MAPS Study Number



Men After Prostate Surgery

Consent Form Your Health After Prostate Surgery

Please tick the boxes, complete, sign and return this form to the researcher or ward staff if you think you might like to take part in the study.

There is no need to sign or return anything if you do not want to take part.

- I am willing to receive a short questionnaire after I go home.
- I am willing for a researcher to contact me in the future to ask me if I would like to help with further research into men's health after prostate surgery.
- I agree that information related to my health after prostate surgery may be collected from my hospital and NHS records.
- I agree that this information and my personal details will be held in a secure central database.

Signed

Date

Date of operation

Telephone

E-mail

Name
Address

Date of birthHospital number

I confirm that I have explained the nature and purpose of the study and the procedures involved to the person named above.

Signature Date

This form should be returned to
**MAPS Study Office, Health Services Research Unit, University of Aberdeen,
Polwarth Building, Foresterhill, Aberdeen, AB25 2ZD**

4 Copies: Top copy for Study Office in Aberdeen; 1 for patient;
1 to be filed with hospital notes and 1 for recruitment officer.

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It is being organised by the MAPS Study Office at the Health Services Research Unit, University of Aberdeen.
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