Trial Consent Form Simple treatment for urinary incontinence in men after prostate surgery (MAPS)

By signing this form and ticking each boy I agree that:



Conservative treatment for men with urinary incontinence after prostate surgery: multicentre randomised controlled trial of pelvic floor muscle training and biofeedback

By signing this form and ticking each box I agree that:		Please tick all	
I have:		boxes	
•	been given the Information Sheet about the study (Version 7, February 2005)	\downarrow	
•	had the opportunity to discuss the study	,	
•	received satisfactory answers to questions		
•	been given enough information about the study		
l un	nderstand that:		
•	taking part in the study may not benefit my own health		
•	I am free to withdraw from the study at any time without having to give a reason		
•	if I withdraw, this will not affect my care		
•	information relevant to the MAPS study may be collected from my hospital and NHS records, including Office of National Statistics (ONS) and NHS central registers		
	I agree to take part in the study	/	
	I agree that my family doctor (GP), my hospital Urological Consultant and the persor I have nominated as my Best Contact may be told that I am taking part in this study		
You	ır signature (participant)		
You	ır name in block capitals		
Dat	e		
	onfirm that I have explained to the person named above, the nature and purpose of the student procedures involved	dy and	
Sigi	nature		
Dat	e		
Stu	dy ID number of participant		
Hos	spital number of participant		

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