Centre Number:

Study Number:

Patient Identification Number for this study:

PATIENT CONSENT FORM AT STUDY COMMENCEMENT-

Title of Project: Molecular diagnosis of hospital infection

Name of Researcher:

Please initial box

1. I confirm that I have read and understand the information sheet dated ……. (V…) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

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 relevant sections of my medical notes and data collected during the study may be looked at by responsible individuals involved in this study. I give my permission for these individuals to have access to my records. ☐

4. I understand that the results of this study will be saved for up to 5 years to allow direct comparison with similar studies performed by others. I give my permission for this to occur. ☐

5. I agree to take part in the above study ☐

| --- | --- | --- |
| Name of Patient | Date | Signature |

| --- | --- | --- |
| Name of researcher taking consent | Date | Signature |

1 copy for participant, 1 copy for researcher, 1 copy (original) to be kept with hospital notes