

Patient Identification Number:

**PATIENT QUALITATIVE CONSENT FORM
THE DiPALS TRIAL**

Diaphragm Pacing in Motor Neurone Disease

Please

initial box

- 1. I confirm that I have read and understand the information sheet
dated.....
(version.....) for the above study, have had the opportunity to consider the
information, ask questions and have had these answered satisfactorily.
- 2. I have been given enough information about the study and had enough time
to come to my decision.
- 3. I understand that my participation is voluntary and that I am free to
withdraw at any time without giving any reason.
- 4. I understand that relevant sections of my medical notes and data collected
during the study may be looked at by individuals from the University of
Sheffield, from regulatory authorities or from the NHS Trust, where it is
relevant to my taking part in this research. I give permission for these
individuals to have access to my records.
- 5. I agree to the use of anonymised quotes from the interviews.
- 6. I agree to take part in the above study.

Participant:

Signature:

Print Name: Date:.....

Investigator: I have explained the above study to the participant and obtained
consent

Signature:

Print Name: Date:.....

Witness:

Signature:

Print Name:

Date:.....

Relationship to participant:

1 copy for participant; 1 for site file; 1 (original) to be kept in patient's medical notes.