

Patient Identification Number:

**PATIENT 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. I 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, without my medical care or legal rights being affected.
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 be contacted for the qualitative interview\*
6. I agree to my GP being informed of my participation in the study.
7. I agree to take part in the above study.
8. I understand that a representative from the device manufacturers may be present during my operation

<b>Participant:</b>		
Signature:	.....	
Print Name:	.....	Date:.....

<b>Investigator:</b> 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.

\*Only 12 of 108 participants and their carers will be selected for the interviews