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Why do patients develop pressure ulcers? Consent form version 3 (4/2/2010)

Name of researcher: Lisa Pinkney

Address: Centre for Health and Social Care, University of Leeds, Institute of Health Sciences, 101 Clarendon Road, Leeds, LS2 9LJ **Telephone:** 0113 3430828

Please initial box
after each question

1. I confirm that I have read and understand the information sheet for the above study
Version 3 dated 4/2/2010 and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time
without giving any reason, without my nursing care being affected.
3. I understand that the above named researcher may ask my nurse, caregiver or other people
relevant to my care, additional information about my pressure ulcer history and relevant
treatment. I give permission for the researcher to access my healthcare records e.g. hospital
nursing, and GP records to obtain further information for the above study and any further
research that may be conducted in relation to it, provided that strict confidentiality is
maintained.
4. I agree that my interview will be tape recorded and typed out, maintaining anonymity.
5. I agree to allow any information arising from this study to be used for healthcare and/or
medical research purposes. I understand my identity will remain anonymous.
6. I consent to the storage including electronic, of personal information for the purposes of
this study. I understand that any information that could identify me will be kept
confidential and that no personal information that could identify me will be included in
the study report or other publication.
7. I understand that a copy of this Consent Form will be sent to the Centre for Health and
Social Care and my GP.
8. I agree to take part in the above study.

Name of Patient

Date

Signature

I have given written information and a verbal explanation to the person named above who has
freely given their consent to participate.

Name of Person
taking consent

Date

Signature

(When completed, 1 for patient, 1 for patient file; 1 for CHSC)