Patient Study Number:	Patient Initials:
Patient DOB:	Site ID:
Principal Investigator:	Version:

[Delete this line, then print on Trust headed paper]

CONSULTEE DECLARATION FORM

PURPOSE

Pressure UlceR Programme Of ReSEarch

Pressure Ulcer Risk Assessment Framework (PURAF) Field Test 1

Consultee initial after each question

1. I confirm that I have been consulted about the patient's participation in the above study and have read and understand the information sheet dated 23.05.2012(version 2) for the above study. I have had the opportunity to ask questions and have had these answered satisfactorily. .....

2. I understand that the patient's participation is voluntary and that I am free to withdraw them from the study at any time without their medical care or legal rights being affected. .....

3. I understand that if I withdraw the patient from the above study, the data already collected from them will be used in analysing the results of the study unless I specifically withdraw consent for this. .....

4. I understand that relevant sections of the patient's healthcare records and data collected during the study may be looked at by individuals from the NHS Trust and the University of Leeds, where it is relevant to their study participation. .....

5. I understand there will be storage including paper and electronic, of the patient's personal information for the purposes of this study. I understand that any information that could identify them will be kept confidential and that no personal information that could identify them will be included in the study report or other publication. This information will be confidentially destroyed at the end of the study. .....

6. I understand that information and results arising from this study may be used to develop new research. .....

7. I understand that a copy of this Consultee Declaration Form will be passed to the Clinical Trials Research Unit, University of Leeds. .....

8. I understand that the patient's GP and hospital consultant (where applicable) will be notified of the patient's participation in this study. .....

9. In my opinion the patient would have no objection in taking part in this study .....

_____

Name of Patient

_____ _____ _____

Name of Consultee Date Signature

Relationship to patient: _____

I have given written information and a verbal explanation to the consultee named above who has freely given their Declaration for the patient to participate.

_____ _____ _____

Name of Person Taking Consent Date Signature

1 copy for consultee, 1 for patient records, 1 for CTRU; original stored in Investigator Site File