

Patient Study Number:	DOB:
Principal Investigator:	Version: 3.0

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

WITNESSED CONSENT FORM



PURPOSE

Pressure UlceR Programme Of ReSEarch

Pain Prevalence - Prevalence of localised pressure ulcer related pain

Witness initial after each question on behalf of the patient
--

1. I confirm that I have read and understand the information sheet dated 18/01/2010 (version 3.0) for the above study. I have had the opportunity to 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 my medical care or legal rights being affected.

.....

3. I understand that relevant sections of my healthcare records and data collected during the study may be looked at by individuals from the NHS Trust Teams and the Sponsor, where it is relevant to my study participation. I give permission for these individuals to have access to my records.

.....

.....

4. I agree to take part in the study.

Name of Patient

Witness statement

I have completed this consent form on behalf of the person named above who has freely given their consent to participate.

Name of Witness

Date

Signature

Research person taking Consent

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

(1 copy for patient; 1 for patient records; original stored in Investigator Site File)