Patient Study Number:	Patient Initials:
Patient DOB:	Site ID:
Principal Investigator:	Version: 4.0

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PATIENT CONSENT FORM

Where witnessed consent is required please use the Witnessed Consent Form

Pressure UlceR Programme Of ReSEarch

Pain Cohort - Exploring the role of pain as an early predictor of Category 2 pressure ulcers

	Patient initial after each question
1. I confirm that I have read and understand the information sheet dated 18/01/2010 (version 4.0) 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 University of Leeds, where it is relevant to my study participation. I give permission for these individuals to have access to my records.	.....
4. I consent to the storage including paper and 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. This information will be confidentially destroyed at the end of the study.	.....
5. I agree that my GP and hospital consultant/Specialist or District nurse (where applicable) will be notified of my participation in this study.	.....
6. I agree to take part in the 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

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

Patient Study Number:	Patient Initials:
Patient DOB:	Site ID:
Principal Investigator:	Version: 4.0

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WITNESSED CONSENT FORM

PURPOSE

Pressure UlceR Programme Of ReSEarch

Pain Cohort - Exploring the role of pain as an early predictor of Category 2 pressure ulcers

	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 4.0) 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 University of Leeds, where it is relevant to my study participation. I give permission for these individuals to have access to my records.	.....
4. I consent to the storage including paper and 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. This information will be confidentially destroyed at the end of the study.	.....
5. I agree that my GP and hospital consultant/Specialist or District nurse (where applicable) will be notified of my participation in this study.	.....
6. 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)