

**UNIVERSITY OF NOTTINGHAM
MEDICAL SCHOOL ETHICS COMMITTEE**

Consent Form

Please use the template below. The statements about receiving an inconvenience allowance, ionising radiation and participating in invasive studies in last three months may not be applicable to your study and can be omitted.



University of Nottingham, School of, Division of

Title of Project:

Name of Investigators:

Healthy Volunteer's Consent Form

Please read this form and sign it once the above named or their designated representative, has explained fully the aims and procedures of the study to you

- I voluntarily agree to take part in this study.
- I confirm that I have been given a full explanation by the above named and that I have read and understand the information sheet given to me which is attached.
- I have been given the opportunity to ask questions and discuss the study with one of the above investigators or their deputies on all aspects of the study and have understood the advice and information given as a result.
- I agree to the above investigators contacting my general practitioner [and teaching or university authority if appropriate] to make known my participation in the study where relevant.
- I agree to comply with the reasonable instructions of the supervising investigator and will notify him immediately of any unexpected unusual symptoms or deterioration of health.
- I authorise the investigators to disclose the results of my participation in the study but not my name.
- I understand that information about me recorded during the study will be kept in a secure database. If data is transferred to others it will be made anonymous. Data will be kept for 7 years after the results of this study have been published.
- I authorise the investigators to disclose to me any abnormal test results. (delete this if not applicable)
- I understand that I can ask for further instructions or explanations at any time.
- I understand that I am free to withdraw from the study at any time, without having to give a reason for withdrawing.
- I confirm that I have disclosed relevant medical information before the study.
- I shall receive an inconvenience allowance of £ [state amount]. If I withdraw from the study for medical reasons not associated with the study a payment will be made to me proportional to the length of the period of participation, but if I withdraw for any other reason, the payment to be made, if any, shall be at the discretion of the supervising investigator. (delete if not applicable)

- I have not been a subject in any other research study in the last three months which involved: taking a drug; being paid a disturbance allowance; having an invasive procedure (eg venepuncture >50ml, endoscopy) or exposure to ionising radiation. (delete this if not applicable)
- I confirm that I have not been exposed to more than 5 mSv of ionising radiation in the last 12 months. (delete this if not applicable)

Name:

Address:

Telephone number:

Signature: **Date:**

I confirm that I have fully explained the purpose of the study and what is involved to:

.....

I have given the above named a copy of this form together with the information sheet.

Investigators Signature: **Date:**

Investigators Name:.....

Study Volunteer Number: