

PATIENT CONSENT FORM

PLEASE TICK YOUR RESPONSE IN THE APPROPRIATE BOX

- I have read and understood the Participant Information YES NO
- I have had the opportunity to ask questions and discuss the study YES NO
- I have received satisfactory answers to all my questions YES NO
- I have received enough information about this study YES NO
- I understand that I am free to withdraw from the study at any time without giving a reason and without this affecting my future medical care YES NO
- I agree to take part in the study YES NO

Participant's Signature: _____

Date: _____

Participant's Name in print: _____

Investigator's Signature: _____

Date: _____

Investigator's Name in print: _____