



SEE AGAIN EUROPE

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Centre Number:

Study Number:

Patient Identification Number for this trial:

CONSENT FORM

Title of Project: See Again 100 – 001

Reference May 2013 Rev 3

Name of Researcher: Brendan Moriarty

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated May 2013 (version 4) for the above study. I have had the opportunity to consider the information, 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 giving any reason, without my medical care or legal rights being affected.

3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from See Again Europe Limited, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

4. I agree to my GP being informed of my participation in the study and to provide medical information to the researchers.

5. I consent to use of audio/video-taping with possible use of verbatim quotation or use of photographs



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6. I consent to individuals outside the clinical care team having access to my personally identifiable data of the study.

7. I agree to take part in the above study.

Name of Participant Date Signature

Name of Person taking consent. Date Signature