

REC ref: 06/Q0512/81  
UCLH Project ID no: 06/N047  
Participant ID no. for this study:  
Form version & date: Version 10.4 (21-December-2016)

## CONSENT FORM

***“Neuropsychological investigation of visuo-perceptual, visuo-spatial and literacy skills in posterior cortical atrophy”***

***PCA Sub-study 4: Evaluation of current standard vision testing and other non-invasive clinical assessments in participants with PCA***

PLEASE  
INITIAL BOX

1.	I confirm I understand that I am already participating in the “ <i>Neuropsychological investigation of visuo-perceptual, visuo-spatial and literacy skills in posterior cortical atrophy</i> ” study and have been given an opportunity to re-read the principal study information sheet dated 21-December-2016 (Version 10.0).	
2.	I confirm that I have read and understood the information sheet dated 21-December-2016 (Version 10.4) for this PCA sub-study and have had the opportunity to ask questions.	
3.	I confirm that I have had sufficient time to consider whether or not I want to be included in the study.	
4.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my participation in the main study or my medical care or legal rights being affected.	
5.	I understand that the interview sessions will be video recorded.	
6.	I understand that information gathered about me during the principal PCA study will be used by researchers in conjunction with information gathered during this sub-study.	
7.	I agree to take part in the above study.	

This consent has been obtained using verbal modality (audio-recorded):

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\_\_\_\_\_  
Name of Participant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Researcher

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Name of Chief Investigator:**

Professor Sebastian Crutch

Email: [s.crutch@ucl.ac.uk](mailto:s.crutch@ucl.ac.uk)

Tel: 020 3448 3113

**Name of Researcher to be contacted if there are any problems**  
*(if different to the Chief Investigator):*

\_\_\_\_\_  
[name]

Email: \_\_\_\_\_

Tel: \_\_\_\_\_