

REC ref: 06/Q0512/81
UCLH Project ID no: 06/N047
Participant ID no. for this study:
Form version & date: Version 10.0 (21-December-2016)

CONSENT FORM

Principal Study: "Neuropsychological investigation of visuoperceptual, visuospatial and literacy skills in posterior cortical atrophy"

		PLEASE INITIAL BOX
1.	I confirm that I have read and understood the information sheet dated 21 December 2016 (Version 10.0) for the above study and have had the opportunity to ask questions.	
2.	I confirm that I have had sufficient time to consider whether or not I want to be included in the study.	
3.	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.	
4.	I understand that sections of any of my medical notes may be looked at by responsible individuals from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.	
5.	I understand that an audio recording will be made in order to measure the speed of my responses and/or be reviewed by the research staff investigating how to live with dementia-related visual impairment. I understand that my name and any other identifiable details will be removed from the recording.	
6.	I agree to my General Practitioner (GP) being informed of my participation in the study and consent for the study team to contact my GP for an update on my health in the event of them being unable to contact me, or if any unusual medical results are found as a result of this study.	
7.	I give permission to be contacted by a member of the research team to conduct annual clinical interviews by telephone should I be unable to travel to London for	

	the annual visit. I understand that I would not be contacted should I have expressed my desire to withdraw from the study.	
8.	I nominate the person named below as my personal consultee and understand that they will share information about my medical details with the research team. Name of Personal Consultee: _____	
9.	I agree to take part in the above study.	

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

☐

Name of Participant

____/____/____
Date

Signature

Name of Researcher Date

____/____/____
Signature

Signature

Name of Chief Investigator:

Professor Sebastian Crutch

Email: 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: _____