

REC ref: 06/Q0512/81
UCLH Project ID no: 06/N047
Participant ID no. for this study:
Form version & date: Version 10.6 (21-December -2016)

CONSENT FORM

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

PCA Sub-study 6: “Am I the right way up?” Balance problems in 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 10.6) 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 information gathered about me during the principal PCA study will be used by researchers in conjunction with information gathered during this sub-study.	
6.	I consent to receiving vestibular stimulation. (If you do not wish to receive stimulation please circle ‘No’. This will mean that you will not take part in tasks requiring stimulation, but you will be able to take part in the other tasks).	Yes / No
7.	I confirm that none of the conditions that would prevent me from being able to participate in the tasks involving GVS currently apply to me.	
8.	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

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: _____