

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):

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: _____