

## **CONSULTEE DECLARATION FORM**

Version 2.4 02/02/2017

Care of Late Stage Parkinsonism (CLaSP Study)

I ..... (name)

of ..... (Address)

1. am acting on behalf of my relative/dependant/friend in my capacity as their personal consultee as defined by the Mental Capacity Act (2005) with the understanding that my relative/dependant/friend does not have capacity to decide to participate in this research study. ☐
2. I have been consulted about my relative/dependant/friend taking part in the CLaSP study. I have read the information sheet dated ..... (version.....) giving details of this study and I have had the opportunity to ask questions and understand what is involved. ☐
3. I understand that participation is voluntary and that I can request he/she is withdrawn from the study at any time without giving any reason and without their medical care or legal rights being affected, ☐
4. I understand that relevant sections of my relative/dependant/friend's medical notes may be looked at by the research team and information taken from them for use in this research, or in the monitoring of the research by clinical governance staff. ☐
5. I understand that information concerning my relative/dependant/friend will be held by University College London. I understand that records will be confidential and will be stored securely. ☐
6. I understand that saliva samples will be stored and treated in line with rules by the Human Tissue Authority, to be analysed and used by the research team and its collaborators in future studies that are approved by a Research Ethics Committee ☐
7. I understand that my relative/dependant/friend's GP will be informed of their participation in this study. ☐
8. If an medical problem is detected by the examination, I agree that the researcher informs my relative/dependant/friend's doctor or health care professional. ☐
9. In my opinion he/she would not object to taking part in the CLaSP study. ☐

Signed..... (Consultee)

Date.....

Relationship to participant.....



**Consulted by** ..... **Signed** ..... **Date**.....

When completed, 1 copy for care record, 1 copy for consultee and 1 copy for research file