

PARTICIPANT CONSENT FORM

Version 2.4 - 02/02/2017

Title of study: Care of Late Stage Parkinsonism (CLaSP Study)

Name of Lead Researcher: Anette Schrag

Please initial:

1. I have read the information sheet dated..... (version.....) giving details of this study, have been given a copy to keep and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and I can withdraw consent and leave the study at any time without giving any reason and without my medical care or legal rights being affected. ☐
3. I understand that sections of my medical notes may be looked at and information taken from them to be used in this research, or in the monitoring of the research by clinical governance staff. I give permission for the researchers and clinical governance staff to have such access to my records. ☐
4. I understand that data collected for this study will be stored confidentially and accessed by the research team based at University College London. ☐
5. 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. ☐
6. I understand that my GP will be informed of my participation in this study and of the results of the examination and I give permission for this. ☐
7. I give permission for the researchers to speak to my carers/health care staff. ☐
8. If a medical problem is detected by the examination, I give permission for the researchers to inform my doctor and other health care professionals. ☐
9. In the possible event of my losing mental capacity to give informed consent during this study, I wish it to be noted that I am minded to continue in the study. ☐
10. I consent to taking part in the CLaSP study. ☐

Name

Date

Signature

Name of Person taking consent

Date

Signature