**Participant Initials: Participant Identification Number:**

**PARTICIPANT WRITTEN CONSENT FORM**

**Title of Project:** Comparison of the standard Maximal 6-Minute Walk Test against a Normal-speed 6-Minute Walk Test as an alternative and more accurate assessment for ambulatory oxygen requirement.

**Name of Researcher:** Please **initial** box

1. I confirm that I have read the information sheet dated.................... (version...........)   
   for the above study. I have had the opportunity to consider the information, ask   
   questions and have had these answered satisfactorily.
2. 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.
3. I understand that relevant sections of my medical notes and data collected during  
   the study may be looked at by individuals from regulatory authorities or from the   
   NHS Trust, where it is relevant to my taking part in this research. I give permission   
   for these individuals to have access to my records.
4. I give consent for my General Practitioner (GP) and hospital doctors to be informed of   
   my participation in the study and for any useful clinical information to be passed on to   
   them for use in my ongoing medical care.
5. I understand information collected in this study will be stored on a database held at   
   Hampshire Hospitals NHS Foundation Trust and any relevant results and clinical   
   information will be stored alongside results from my routine clinical care.
6. I voluntarily agree to take part in the above study.

**Name of Participant Date Signature**

RESPONSIBLE INVESTIGATOR

I have explained the nature and purpose of the study for the person mentioned above.

**Name of Person seeking consent Date Signature**