

Joint Research  
Compliance Office

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## INFORMED CONSENT FORM FOR PARTICIPANTS

Participant name, address, DOB

### Full Title of Project: Exploring patient perception of Quality of Surgery in Clinical trials – Focus Group Discussion

Name of Principal Investigator:

**Please initial box**

1. I confirm that I have read and understand the subject information sheet dated ..... version ..... for the above study and have had the opportunity to ask questions which have been answered fully.
2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason, without my legal rights being affected.
3. I consent to having audio and/or video recordings taken during focus group discussions and their confidential use within this research project
4. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's date of birth

\_\_\_\_\_  
Name of Person taking consent  
(if different from Principal Investigator)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

1 copy for subject; 1 copy for Principal Investigator

